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 NEWS  1           Web Page URLs for STN Seminar Schedule - N. America
 NEWS  2  Dec 17   The CA Lexicon available in the CAPLUS and CA files
 NEWS  3  Feb 06   Engineering Information Encompass files have new names
 NEWS  4  Feb 16   TOXLINE no longer being updated
 NEWS  5  Apr 23   Search Derwent WPINDEX by chemical structure
 NEWS  6  Apr 23   PRE-1967 REFERENCES NOW SEARCHABLE IN CAPLUS AND CA
 NEWS  7  May 07   DGENE Reload
 NEWS  8  Jun 20   Published patent applications (A1) are now in USPATFULL
 NEWS  9  JUL 13   New SDI alert frequency now available in Derwent's
                   DWPI and DPCI
 NEWS 10  Aug 23   In-process records and more frequent updates now in
                   MEDLINE
 NEWS 11  Aug 23   PAGE IMAGES FOR 1947-1966 RECORDS IN CAPLUS AND CA
 NEWS 12  Aug 23   Adis Newsletters (ADISNEWS) now available on STN

 NEWS EXPRESS  August 15 CURRENT WINDOWS VERSION IS V6.0c,
               CURRENT MACINTOSH VERSION IS V6.0 (ENG) AND V6.0J (JP),
               AND CURRENT DISCOVER FILE IS DATED 07 AUGUST 2001
 NEWS HOURS    STN Operating Hours Plus Help Desk Availability
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 NEWS PHONE    Direct Dial and Telecommunication Network Access to STN
 NEWS WWW      CAS World Wide Web Site (general information)

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STRUCTURE FILE UPDATES: 27 AUG 2001 HIGHEST RN 353227-93-7
DICTIONARY FILE UPDATES: 27 AUG 2001 HIGHEST RN 353227-93-7

TSCA INFORMATION NOW CURRENT THROUGH January 11, 2001

Please note that search-term pricing does apply when conducting SmartSELECT searches.

Structure search limits have been increased. See HELP SLIMIT for details.

=> s medroxyprogesterone

L1 13 MEDROXYPROGESTERONE

=> s medroxyprogesterone/cn

L2 1 MEDROXYPROGESTERONE/CN

=> s medroxyprogesterone acetate/cn

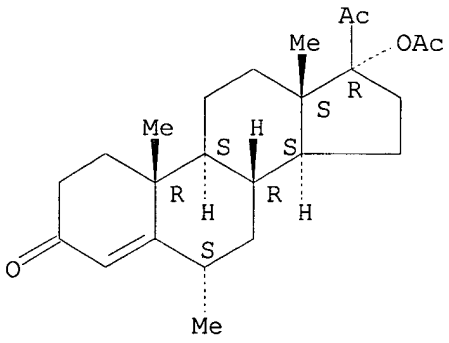
L3 1 MEDROXYPROGESTERONE ACETATE/CN

=> d

L3 ANSWER 1 OF 1 REGISTRY COPYRIGHT 2001 ACS
RN 71-58-9 REGISTRY
CN Pregn-4-ene-3,20-dione, 17-(acetyloxy)-6-methyl-, (6.alpha.)- (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN Pregn-4-ene-3,20-dione, 17-hydroxy-6.alpha.-methyl-, acetate (7CI, 8CI)
CN Progesterone, 17-hydroxy-6.alpha.-methyl-, acetate (6CI)
OTHER NAMES:
CN 17.alpha.-Acetoxy-6.alpha.-methylpregn-4-ene-3,20-dione
CN 17.alpha.-Acetoxy-6.alpha.-methylprogesterone
CN 17.alpha.-Hydroxy-6.alpha.-methyl-4-pregnene-3,20-dione 17-acetate
CN 17.alpha.-Hydroxy-6.alpha.-methylpregn-4-ene-3,20-dione acetate
CN 17.alpha.-Hydroxy-6.alpha.-methylprogesterone acetate
CN 6.alpha.-Methyl-17-acetoxyprogesterone
CN 6.alpha.-Methyl-17.alpha.-acetoxy-.DELTA.4-pregnene-3,20-dione
CN 6.alpha.-Methyl-17.alpha.-acetoxypregn-4-ene-3,20-dione
CN 6.alpha.-Methyl-17.alpha.-Hydroxy-4-pregnene-3,20-dione acetate
CN 6.alpha.-Methyl-17.alpha.-hydroxyprogesterone acetate
CN Clinovir
CN Cycrin
CN Depo-progestin
CN Depo-Provera
CN Depomedroxyprogesterone acetate
CN Depot-medroxyprogesterone acetate
CN DMPA
CN Farlutal
CN Farlutin
CN Gestapuran
CN Hysron
CN Indivina
CN Lutopolar
CN Lutoral
CN MAP
CN MAP (steroid)
CN Medroprogesterone acetate
CN Medroxyprogesterone 17-acetate
CN **Medroxyprogesterone acetate**
CN Metigestrona
CN MPA

CN Oragest
CN Perlutex
CN Prodasone
CN Progestalfa
CN Progevera
CN Provera
CN Proverone
CN Repromap
CN Repromix
CN Sirprogen
CN U 8839
CN Veramix
FS STEREOSEARCH
MF C24 H34 O4
CI COM
LC STN Files: ADISNEWS, AGRICOLA, AIDSLINE, ANABSTR, BEILSTEIN*, BIOBUSINESS, BIOSIS, BIOTECHNO, CA, CABA, CANCERLIT, CAOLD, CAPLUS, CASREACT, CBNB, CHEMCATS, CHEMLIST, CIN, CSCHEM, DDFU, DETHERM*, DIOGENES, DRUGU, EMBASE, IFICDB, IFIPAT, IFIUDB, IMSDIRECTORY, IPA, MEDLINE, MRCK*, MSDS-OHS, NIOSHTIC, PHAR, PIRA, PROMT, RTECS*, SPECINFO, TOXLINE, TOXLIT, USAN, USPATFULL, VETU
(*File contains numerically searchable property data)
Other Sources: DSL**, EINECS**, TSCA**
(**Enter CHEMLIST File for up-to-date regulatory information)

Absolute stereochemistry.



2108 REFERENCES IN FILE CA (1967 TO DATE)
13 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
2110 REFERENCES IN FILE CAPLUS (1967 TO DATE)
55 REFERENCES IN FILE CAOLD (PRIOR TO 1967)

=> s premarin

L4 4 PREMARIN

=> s premarin/cn

L5 1 PREMARIN/CN

=> d

L5 ANSWER 1 OF 1 REGISTRY COPYRIGHT 2001 ACS
RN 12126-59-9 REGISTRY *
* Use of this CAS Registry Number alone as a search term in other STN files may
result in incomplete search results. For additional information, enter HELP RN* at an online arrow prompt (=>).
CN Estrogens, conjugates (CA INDEX NAME)

OTHER CA INDEX NAMES:
CN Estrogens, conjugated
OTHER NAMES:
CN Cenestin
CN Conjugated estrogens
CN Conjugates, estrogens
CN **Premarin**
CN Presomen
DEF A complex mixture of sodium estrone sulfate and sodium equilin sulfate
     derived synthetically from estrone and equilin from horse urine. It may
     contain not less than 50% and not more than 60% sodium estrone sulfate
and
     not less than 22.5% and not more than 32.5% sodium equilin sulfate.
MF Unspecified
CI MAN, CTS
LC STN Files: ADISNEWS, BIOSIS, CHEMLIST, CIN, DDFU, DIOGENES, DRUGU,
      IMSDIRECTORY, MSDS-OHS, RTECS*, VETU
        (*File contains numerically searchable property data)
     Other Sources: EINECS**
        (**Enter CHEMLIST File for up-to-date regulatory information)

*** STRUCTURE DIAGRAM IS NOT AVAILABLE ***

=> s cenestin/cn

L6   1 CENESTIN/CN

=> d

L6 ANSWER 1 OF 1 REGISTRY COPYRIGHT 2001 ACS
RN 12126-59-9 REGISTRY *
* Use of this CAS Registry Number alone as a search term in other STN files
may
  result in incomplete search results. For additional information, enter HELP
  RN* at an online arrow prompt (=>).
CN Estrogens, conjugates (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN Estrogens, conjugated
OTHER NAMES:
CN **Cenestin**
CN Conjugated estrogens
CN Conjugates, estrogens
CN Premarin
CN Presomen
DEF A complex mixture of sodium estrone sulfate and sodium equilin sulfate
     derived synthetically from estrone and equilin from horse urine. It may
     contain not less than 50% and not more than 60% sodium estrone sulfate
and
     not less than 22.5% and not more than 32.5% sodium equilin sulfate.
MF Unspecified
CI MAN, CTS
LC STN Files: ADISNEWS, BIOSIS, CHEMLIST, CIN, DDFU, DIOGENES, DRUGU,
      IMSDIRECTORY, MSDS-OHS, RTECS*, VETU
        (*File contains numerically searchable property data)
     Other Sources: EINECS**
        (**Enter CHEMLIST File for up-to-date regulatory information)

*** STRUCTURE DIAGRAM IS NOT AVAILABLE ***

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=> s medroxyprogesterone acetate or 71-58-9/rn

'RN' IS NOT A VALID FIELD CODE
'RN' IS NOT A VALID FIELD CODE
'RN' IS NOT A VALID FIELD CODE
L7       16090 MEDROXYPROGESTERONE ACETATE OR 71-58-9/RN

=> s premarin or cenestin or conjugated estrogen or 12126-59-9/rn

'RN' IS NOT A VALID FIELD CODE
'RN' IS NOT A VALID FIELD CODE
'RN' IS NOT A VALID FIELD CODE
L8        8135 PREMARIN OR CENESTIN OR CONJUGATED ESTROGEN OR 12126-59-9/RN

=> s l7 and l8

L9        1721 L7 AND L8

=> s hot flashes or vasomotor

L10      27648 HOT FLASHES OR VASOMOTOR

=> s l9 and l10

L11        113 L9 AND L10

=> s l11 and py<1999

   2 FILES SEARCHED...
L12         75 L11 AND PY<1999

=> dup rem l12

PROCESSING COMPLETED FOR L12
L13          63 DUP REM L12 (12 DUPLICATES REMOVED)

=> s l13 and hot flashes

L14         27 L13 AND HOT FLASHES

=> d l14 1-27 kwic ab bib


L14  ANSWER 1 OF 27  EMBASE  COPYRIGHT 2001 ELSEVIER SCI. B.V.
SO   Menopause, (1998) 5/2 (102-106).
     Refs: 18
     ISSN: 1072-3714  CODEN: MENOF2
AB   . . . postmenopausal HRT and 176 women (28.7%) discontinued treatment
```

with an average 4.5 months duration of use (range 1- 60 months). **Hot flashes** was the most common reason for initiating therapy (258 women, 42,0%). Prevention of osteoporosis was mentioned by 149 (24.3%) women. . .

CT Medical Descriptors:
*hormone . . . flush: DT, drug therapy
postmenopause osteoporosis: DT, drug therapy
postmenopause osteoporosis: PC, prevention
patient education
uterus bleeding
human
female
major clinical study
controlled study
adult
oral drug administration
transdermal drug administration
article
***conjugated estrogen: AD, drug administration**
***conjugated estrogen: CB, drug combination**
***conjugated estrogen: DT, drug therapy**
*estradiol: AD, drug administration
*estradiol: CB, drug combination
*estradiol: DT, drug therapy
***medroxyprogesterone acetate: CB, drug combination**
***medroxyprogesterone acetate: DT, drug therapy**

RN (estradiol) 50-28-2; (**medroxyprogesterone acetate**) 71-58-9

CN **(1) Premarin**; (2) Estraderm; (3) Farlutal

AB Objective: The purpose of this study was to determine women's own reasons for postmenopausal hormone replacement therapy (HRT) utilization and discontinuation in a Turkish population and to investigate the variables that have influenced the compliance to treatment. Design: The study was comprised of 613 postmenopausal women who presented to the Menopause Unit in the Marmara University Hospital. Results: A total of 437 women (71.2%) reported that they continued using postmenopausal HRT and 176 women (28.7%) discontinued treatment with an average 4.5 months duration of use (range 1- 60 months). **Hot flashes** was the most common reason for initiating therapy (258 women, 42,0%). Prevention of osteoporosis was mentioned by 149 (24.3%) women as a reason to begin HRT. Bleeding episodes (44.8%) was the most common factor in the patient's decision to discontinue HRT. Continuation of HRT was significantly more common among women who started HRT either because of physician recommendation or osteoporosis concern ($p < 0.05$). Additionally, a greater percentage of surgically menopausal women began and continued HRT($p < 0.0001$) than naturally menopausal women. The educational status of the patients was directly related to incidence of beginning HRT but was not related to the discontinuation of HRT. Conclusions: Education of menopausal women about the long-term benefits of HRT is critical in improving compliance.

AN 1998205132 EMBASE

TI Compliance considerations with hormone replacement therapy.

AU Karakoc B.; Erenus M.
CS Dr. M. Erenus, Hamam Sokak 94/4A 81080, Istanbul, Turkey

SO Menopause, (1998) 5/2 (102-106).
Refs: 18
ISSN: 1072-3714 CODEN: MENOF2
CY United States
DT Journal; Article
FS 003 Endocrinology
010 Obstetrics and Gynecology
017 Public Health, Social Medicine and Epidemiology
037 Drug Literature Index
LA English
SL English

L14 ANSWER 2 OF 27 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
TI [Clinical manifestations in menopause with modifications to hormone replacement therapy. Multicentre clinical trial comparing mixed hormones (
conjugated estrogens plus medroxyprogesterone vs. estradiol valerate plus cyproterone acetate)].
MANIFESTACIONES CLINICAS EN LA MENOPAUSIA Y SUS MODIFICACIONES CON LA TERAPIA HORMONAL. . .
SO Revista Colombiana de Obstetricia y Ginecologia, (1996) 47/4 (263-272).
Refs: 40
ISSN: 0034-7434 CODEN: RCOGAJ
AB . . . progestogen in perimenopausal women. METHODS: An open, multicentric, randomized clinical study was designed to compare two different combined hormonal preparations (**conjugated estrogens** 0,625 mg daily for 21 days plus **medroxyprogesterone acetate** 5 mg from days 11 through 21 - group A, and estradiol valerate 2 mg daily for 21 days plus. . . (CDC, 1994). RESULTS: After one year of hormone-replacement therapy with combined estrogen and progestogen, both preparations reduced the prevalence of **hot flashes** (group A = 75.5%, p < 0.0001, group B = 83.3%, p < 0,00001); the response to HRT was most pronounced during the first three months of treatment. The frequency of **hot flashes** was also significantly reduced by both regimens (p < 0.00001), in particular for those reported as severe (more than 5. . .
CT Medical Descriptors:
*hormone . . . side effect
heart palpitation
hot flush: DT, drug therapy
human
insomnia
major clinical study
mastalgia: SI, side effect
multicenter study
nausea: SI, side effect
randomized controlled trial
sleep disorder
statistical analysis
sweating
symptom
***conjugated estrogen: CT, clinical trial**
***conjugated estrogen: CB, drug combination**
***conjugated estrogen: CM, drug comparison**
***conjugated estrogen: DT, drug therapy**
***conjugated estrogen: AE, adverse drug reaction**
*cyproterone acetate plus estradiol valerate: DT, drug therapy
*cyproterone acetate plus estradiol valerate: AE, adverse drug reaction
*cyproterone. . .
AB BACKGROUND: Women in the menopause present multiple signs and symptoms as a consequence of estrogen deficiency. There are several drug treatments and different recommended dosages for hormone-replacement therapy (HRT). We evaluated the efficacy of two different hormonal regimens with estrogen and progestogen in perimenopausal women. METHODS: An open, multicentric, randomized clinical study was designed to compare two different combined hormonal preparations (**conjugated estrogens** 0,625 mg daily for 21 days plus **medroxyprogesterone acetate** 5 mg from days 11 through 21 - group A, and estradiol valerate 2 mg daily for 21 days plus cyproterone acetate 1 mg from days 11 through 21, group B). 104 healthy climacteric women with flashes, nocturnal sweats and other symptoms due to estrogen deficiency were recruited between april 1993 and december 1995. We report on 87 women see for a period of one year with follow-up visits after recruitment and one, three, six, nine and twelve months of HRT. Statistical analysis was performed to ascertain differences

in proportions between groups and for changes during treatment time. We used ANOVA and chi-square or Fisher's test, with a level of significance p < 0,05. All analyses were done using 6.01 (CDC, 1994). RESULTS: After one year of hormone-replacement therapy with combined estrogen and progestogen, both preparations reduced the prevalence of **hot flashes** (group A = 75.5%, p < 0.0001, group B = 83.3%, p < 0,00001); the response to HRT was most pronounced during the first three months of treatment. The frequency of **hot flashes** was also significantly reduced by both regimens (p < 0.00001), in particular for those reported as severe (more than 5 episodes per day), which almost disappeared after three months of therapy. Episodes of night sweats were significantly reduced in both groups, and also specially those perceived by women as severe. Important relief of symptoms like insomnia, sleep disturbances, depressive mood, palpitations and dyspareunia was also recorded. There were no changes in body mass index and no thromboembolic disorders ocurred. The most common side effects in both groups were breast tenderness, nausea, edema and headache, ocurring most commonly at the beginning of HRT. CONCLUSIONS: In perimenopausal women, HRT with two different combined estrogen and progestogen preparations was well tolerated and showed equal efficacy for the relief of the most common climacteric symptoms.

AN 97125711 EMBASE
DN 1997125711
TI [Clinical manifestations in menopause with modifications to hormone replacement therapy. Multicentre clinical trial comparing mixed hormones (**conjugated estrogens** plus medroxyprogesterone vs. estradiol valerate plus cyproterone acetate)]. MANIFESTACIONES CLINICAS EN LA MENOPAUSIA Y SUS MODIFICACIONES CON LA TERAPIA HORMONAL DE SUSTITUCION ENSAYO CLINICO MULTICENTRICO COLOMBIANO COMPARATIVE DE DOS MEZCLAS HORMONALES (ESTREGENOS CONJUGADOS MAS MEDROXIPROGESTERONA VS. VALERATO DE ESTRADIOL MAS ACETATO DE CIPROTERONA).
AU Sanchez F.E.; Urdinola J.M.; Onatra W.H.; Posso H.V.; Sanchez J.A.; Alwers R.C.
CS F.E. Sanchez, Universidad de Antioquia, Programa de Reproduccion, Clinica del Prado, Medellin, Colombia
SO Revista Colombiana de Obstetricia y Ginecologia, (1996) 47/4 (263-272). Refs: 40
ISSN: 0034-7434 CODEN: RCOGAJ
CY Colombia
DT Journal; Article
FS 003 Endocrinology
010 Obstetrics and Gynecology
037 Drug Literature Index
038 Adverse Reactions Titles
LA Spanish
SL Spanish; English

L14 ANSWER 3 OF 27 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
SO Breast Journal, (1997) 3/2 (63-68). Refs: 26
ISSN: 1075-122X CODEN: BRJOFK
AB . . . from breast cancer diagnosis to initiation of HRT ranged from .0 to 23.9, mean 3.7 years. HRT was administered for **hot flashes** in 77%, dyspareunia/vaginal dryness 53.5%, reactive depression/anxiety 34%. The duration of replacement therapy ranged from .10-17.5, mean 2.5 years. **Hot flashes** were relieved in 98%, dyspareunia/vaginal dryness 95%, and reactive depression/anxiety 95%.
One new primary or ipsilateral breast recurrence (DCIS with. . .
CT Medical Descriptors:
*breast cancer: SU, surgery

*estrogen therapy
adult
aged
anxiety
article
depression
dyspareunia
female
hot flush
human
major clinical study
mastectomy
postmenopause
vagina disease
xerosis
*estrogen: CB, drug combination
*gestagen: CB, drug combination
conjugated estrogen: CB, drug combination
estradiol: CB, drug combination
estrone: CB, drug combination
medroxyprogesterone acetate: CB, drug combination
megestrol acetate: CB, drug combination
progesterone: CB, drug combination
tamoxifen: CB, drug combination

RN (estradiol) 50-28-2; (estrone) 53-16-7; (**medroxyprogesterone acetate**) 71-58-9; (megestrol acetate) 595-33-5; (progesterone) 57-83-0; (tamoxifen) 10540-29-1

AB The use of hormone replacement therapy (HRT) in postmenopausal breast cancer survivors is controversial. This report describes the symptomatic benefit of HRT and the subsequent risk of recurrent breast cancer in a group of postmenopausal women with a prior history of locally treated breast cancer. One-hundred and fourteen disease-free patients received HRT to control estrogen deficiency problems after local breast cancer therapy. Thirty-three had American Joint Committee on Cancer (AJCC) stage 0 at diagnosis, 43 stage 1, 24 stage 2A, 12 stage 2B, 1 stage 3A, and 1 stage 3B. Pathology was infiltrating carcinoma in 81, ductal carcinoma in situ (DCIS) 29, and lobular carcinoma in situ 4. Fifty-six were receiving HRT at the time of breast cancer diagnosis with 20 continuing HRT. One-hundred and eight patients received either an estrogen or an estrogen/progestin combination with 6 receiving vaginal estrogens. The time from breast cancer diagnosis to initiation of HRT ranged from .0 to 23.9, mean 3.7 years. HRT was administered for **hot flashes** in 77%, dyspareunia/vaginal dryness 53.5%, reactive depression/anxiety 34%. The duration of replacement therapy ranged from .10-17.5, mean 2.5 years. **Hot flashes** were relieved in 98%, dyspareunia/vaginal dryness 95%, and reactive depression/anxiety 95%. One new primary or ipsilateral breast recurrence (DCIS with microinvasion) 1.8%, (1/56, 95% confidence interval [CI], .045-9.6%) was observed. One patient developed DCIS within breast tissue left on the chest wall after a modified mastectomy. Two new contralateral primaries, 2.0%, (2/103, 95% CI, .24-6.8%) were observed. One occurred in the contralateral breast during therapy for an ipsilateral chest wall and systemic recurrence. Three patients, 3.0% (3/114, 95% CI, .55-7.5%) have experienced systemic relapse with two deaths. In this selected group of postmenopausal women survivors, HRT dramatically relieved estrogen deficiency symptoms and did not appear to increase the risk of an ipsilateral, contralateral, or systemic recurrence.

AN 97124517 EMBASE

DN 1997124517

TI Hormone replacement therapy in breast cancer survivors.

AU Decker D.A.; Pettinga J.E.; Cox T.C.; Burdakin J.H.; Jaiyesimi I.A.;

Benitez P.R.
CS Dr. D.A. Decker, Cancer Care Associates, Wayne State University, 3535 West
13 Mile Road, Royal Oak, MI 48073, United States
SO Breast Journal, (1997) 3/2 (63-68).
Refs: 26
ISSN: 1075-122X CODEN: BRJOFK
CY United States
DT Journal; Article
FS 003 Endocrinology
016 Cancer
030 Pharmacology
037 Drug Literature Index
LA English
SL English

L14 ANSWER 4 OF 27 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
SO Journal of Bone and Mineral Research, (1996) 11/6 (835-842).
ISSN: 0884-0431 CODEN: JBMREJ
AB . . . endometrium in healthy, postmenopausal women. A total of 251 women received either placebo, raloxifene HCl 200 or 600 mg/day, or **conjugated estrogens** (**Premarin**, 0.625 mg/day).
Bone turnover (serum alkaline phosphatase, serum osteocalcin, urinary pyridinoline cross-links, urinary calcium excretion, urinary hydroxyproline) and serum lipids. . . treatment. Biopsies of the estrogen group showed significant endometrial stimulation. The only adverse event possibly related to raloxifene was vasodilatation (**hot flashes**) which was most common in the raloxifene HCl 600 mg group. Study results indicate that raloxifene may provide beneficial effects. . .
CT Medical Descriptors:
*bone . . . study
double blind procedure
endometrium
endometrium biopsy
estrogen therapy
female
hot flush: SI, side effect
human
human experiment
multicenter study
phase 2 clinical trial
randomized controlled trial
vasodilatation
*alkaline phosphatase: EC, endogenous compound
***conjugated estrogen**
*lipid
*raloxifene: AE, adverse drug reaction
*raloxifene: CT, clinical trial
*raloxifene: DV, drug development
*raloxifene: PD, pharmacology
cholesterol
medroxyprogesterone acetate
osteocalcin: EC, endogenous compound
RN (alkaline phosphatase) 9001-78-9; (lipid) 66455-18-3; (raloxifene) 82640-04-8, 84449-90-1; (cholesterol) 57-88-5; (**medroxyprogesterone acetate**) 71-58-9; (osteocalcin) 136461-80-8
CN (1) Provera; **Premarin**; Ly 139481
AB This randomized, double-blind, placebo-controlled, multicenter, 8-week study evaluated short-term effects of raloxifene on bone turnover, serum lipids, and endometrium in healthy, postmenopausal women. A total of 251 women received either placebo, raloxifene HCl 200 or 600 mg/day, or **conjugated estrogens** (**Premarin**, 0.625 mg/day).
Bone turnover (serum alkaline phosphatase, serum osteocalcin, urinary pyridinoline cross-links, urinary calcium excretion, urinary

hydroxyproline) and serum lipids (total serum cholesterol, high- and low-density lipoprotein cholesterol [HDL-C and LDL- C]) were evaluated at weeks 0, 2, 4, and 8. Endometrial biopsies were performed at weeks 0 and 8. Treatment groups were compared for each parameter for baseline-to-endpoint changes. The estrogen and raloxifene groups experienced similar decreases in serum alkaline phosphatase (range 10-11%), serum osteocalcin (range 21-26%), urinary pyridinoline cross-links (range 20- 26%), and urinary calcium excretion (range 45-72%).
These decreases differed significantly compared with placebo-treated subjects for all markers except serum osteocalcin, the raloxifene HCl 200 mg group. LDL-C decreased significantly in the estrogen and both raloxifene groups (range 5-9%) compared with placebo-treated subjects. HDL-C increased significantly in the estrogen group (16%) but was unchanged in the raloxifene groups. HDL-C:LDL-C ratios increased significantly in the estrogen and raloxifene groups (range 9-29%). Serum cholesterol decreased significantly in both raloxifene groups (range 4-8%)
but was unchanged in the estrogen group. Uterine biopsies of raloxifene-treated subjects showed no change in the endometrium during this short-term treatment. Biopsies of the estrogen group showed significant endometrial stimulation. The only adverse event possibly related to raloxifene was vasodilatation (**hot flashes**)
which was most common in the raloxifene HCl 600 mg group. Study results indicate that raloxifene may provide beneficial effects to bone and serum lipids in humans without uterine stimulatory effects.
AN 96178726 EMBASE
DN 1996178726
TI A controlled trial of raloxifene (LY139481) HCl: Impact on bone turnover and serum lipid profile in healthy postmenopausal women.
AU Draper M.W.; Flowers D.E.; Huster W.J.; Neild J.A.; Harper K.D.; Arnaud C.
CS Lilly Research Laboratories, Lilly Corporate Center 2244, Eli Lilly and Company,Indianapolis, IN 46285, United States
SO Journal of Bone and Mineral Research, (1996) 11/6 (835-842).
ISSN: 0884-0431 CODEN: JBMREJ
CY United States
DT Journal; Article
FS 020 Gerontology and Geriatrics
033 Orthopedic Surgery
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English

L14 ANSWER 5 OF 27 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
SO Advances in Therapy, (1995) 12/6 (350-360).
ISSN: 0741-238X CODEN: ADTHE7
AB . . . androgen (Estratest.RTM.) are safe and effective when given alone
or combined with progestins for hormone-replacement therapy. Women who complained of **hot flashes**, cold sweats, and vaginal
dryness before treatment showed dramatic improvement of these symptoms after taking Estratab or Estratest. In addition,. . .
CT Medical Descriptors:
*hormone . . .
CB, drug combination
*gestagen: CT, clinical trial
*gestagen: AE, adverse drug reaction
antidiabetic agent: DT, drug therapy
beta adrenergic receptor blocking agent: DT, drug therapy
conjugated estrogen
diuretic agent: DT, drug therapy
estradiol
estratab
estratest

medroxyprogesterone acetate: PD, pharmacology
nonsteroid antiinflammatory agent: DT, drug therapy
norethisterone acetate: PD, pharmacology
piperazine estrone sulfate
psychotropic agent: DT, drug therapy
unclassified drug
RN (estradiol) 50-28-2; (**medroxyprogesterone acetate**) 71-58-9; (norethisterone acetate) 51-98-9; (piperazine estrone sulfate) 7280-37-7
CN Estratest; Curretab; Provera; Norlutate; **Premarin**; Ogen; Estrace; Estraderm; Estratab
AB We undertook a postmarketing surveillance study of 57 postmenopausal women (mean age, 49.4 years) to see whether esterified estrogens (Estratab.RTM.) and estrogen plus androgen (Estratest.RTM.) are safe and effective when given alone or combined with progestins for hormone-replacement therapy. Women who complained of **hot flashes**, cold sweats, and vaginal dryness before treatment showed dramatic improvement of these symptoms after taking Estratab or Estratest. In addition, 50% to 70% of study participants had lessened insomnia, fatigue, anxiety, and depression.
AN 96045496 EMBASE
DN 1996045496
TI Esterified estrogens or estrogen plus androgen: Effective postmenopausal hormone-replacement therapy.
AU Wiita B.; Young J.G.; Downey L.J.
CS Solvay Pharmaceuticals, Inc., 901 Sawyer Road,Marietta, GA 30062, United States
SO Advances in Therapy, (1995) 12/6 (350-360).
ISSN: 0741-238X CODEN: ADTHE7
CY United States
DT Journal; Article
FS 006 Internal Medicine
010 Obstetrics and Gynecology
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English

L14 ANSWER 6 OF 27 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
TI **Hot flashes** - Physiology, hormonal therapy, and alternative therapies.
SO Obstetrics and Gynecology Clinics of North America, (1994) 21/2 (381-390).
ISSN: 0889-8545 CODEN: OGCAE8
AB Hormone replacement therapy should be discussed with every postmenopausal woman and should be the first therapy offered to treat **hot flashes** owing to its high efficacy and other beneficial properties. Women who are ineligible for or uncomfortable with estrogen replacement therapy and who suffer from **hot flashes** that interfere with the quality of life should be offered other regimens as discussed in this article.
CT Medical Descriptors:
*hot . . . DT, drug therapy
*hot flush: PC, prevention
behavior therapy
clinical feature
exercise
female
hormonal therapy
human
insomnia: SI, side effect
pathophysiology
priority journal
review

syncope: SI, side effect
treatment planning
uterus bleeding: SI, side effect
vasomotor reflex
vertigo: SI, side effect
xerostomia: SI, side effect
***conjugated estrogen: AE, adverse drug reaction**
***conjugated estrogen: CB, drug combination**
***conjugated estrogen: DT, drug therapy**
***medroxyprogesterone acetate: DT, drug therapy**
***medroxyprogesterone acetate: AE, adverse drug reaction**
*megestrol acetate: DT, drug therapy
*quinestradol: DT, drug therapy
bellergal: DT, drug therapy
clonidine: DT, drug therapy
clonidine: AE, adverse. . .
RN (**medroxyprogesterone acetate**) 71-58-9; (megestrol acetate) 595-33-5; (quinestradol) 1169-79-5; (bellergal) 57657-51-9; (clonidine) 4205-90-7, 4205-91-8, 57066-25-8; (danazol) 17230-88-5; (estradiol) 50-28-2; (testosterone) 58-22-0; (veralipride) 66644-81-3
CN Estrace; Depo provera; Provera; **Premarin**
AB Hormone replacement therapy should be discussed with every postmenopausal woman and should be the first therapy offered to treat **hot flashes** owing to its high efficacy and other beneficial properties. Women who are ineligible for or uncomfortable with estrogen replacement therapy and who suffer from **hot flashes** that interfere with the quality of life should be offered other regimens as discussed in this article.
AN 94192252 EMBASE
DN 1994192252
TI **Hot flashes** - Physiology, hormonal therapy, and alternative therapies.
AU Ginsburg E.S.
CS Department of Obstetrics/Gynecology, Brigham and Women's Hospital,Boston, MA 02115, United States
SO Obstetrics and Gynecology Clinics of North America, (1994) 21/2 (381-390).
ISSN: 0889-8545 CODEN: OGCAE8
CY United States
DT Journal; General Review
FS 003 Endocrinology
010 Obstetrics and Gynecology
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English

L14 ANSWER 7 OF 27 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
SO Journal of Clinical Endocrinology and Metabolism, (1990) 70/4 (1124-1131).
ISSN: 0021-972X CODEN: JCEMAZ
AB . . . of mood, physical symptoms, sexual behavior, and perceived sexual pleasure were collected. Daily treatments were either conjugated equine estrogen, i.e. **Premarin** (P; 0.625 mg), **Premarin** and **medroxyprogesterone acetate**, i.e. Provera (PP; 0.625 and 5 mg, respectively), **Premarin** and methyltestosterone (PT; 0.625 and 5 mg, respectively), or placebo (PL). Compared to placebo, hormone treatment had significantly reduced **hot flashes** in the P and PP groups by week 4 and in the PT group by week 5. Headaches were reduced. . . .
CT Medical Descriptors:
*arousal
*behavior
*mood
*postmenopause

*sex
adult
psychological aspect
controlled study
human
normal human
female
oral drug administration
article
priority journal
drug therapy
estradiol
testosterone
***conjugated estrogen: DT, drug therapy**
***medroxyprogesterone acetate: DT, drug therapy**
*methyltestosterone: DT, drug therapy

RN (estradiol) 50-28-2; (testosterone) 58-22-0; (**medroxyprogesterone acetate**) 71-58-9; (methyltestosterone) 58-18-4

CN **(1) Premarin**; (2) Provera

AB To assess the contribution of gonadal steroids to sexual behavior in aging women, we conducted a 10-week, double-blind, hormone replacement study of 40 naturally menopausal women (mean age, 58.3 yr). Prospective measurements of basal and stimulated vaginal vasocongestion and daily self-reports of mood, physical symptoms, sexual behavior, and perceived sexual pleasure were collected. Daily treatments were either conjugated equine estrogen, i.e. **Premarin** (P; 0.625 mg), **Premarin** and **medroxyprogesterone acetate**, i.e. Provera (PP; 0.625 and 5 mg, respectively), **Premarin** and methyltestosterone (PT; 0.625 and 5 mg, respectively), or placebo (PL). Compared to placebo, hormone treatment had significantly reduced **hot flashes** in the P and PP groups by week 4 and in the PT group by week 5. Headaches were reduced in the P vs. PL group, only. Hormone treatment did not significantly alter mood ratings, sexual behaviors, or psychophysiologically measured sexual arousal. PT treatment significantly increased reports of pleasure from masturbation compared to the other three groups, underscoring the apparent contribution of androgens to self-stimulatory behavior. However, the data suggest that in these physically and sexually healthy women, gonadal steroids do not influence major components of sexual functioning, including arousal and a wide variety of sexual activity and experience.

AN 90138983 EMBASE

DN 1990138983

TI Effects of estrogen, androgen, and progestin on sexual psychophysiology and behavior in postmenopausal women.

AU Myers L.S.; Dixen J.; Morrissette D.; Carmichael M.; Davidson J.M.

CS Department of Physiology, Stanford University,Stanford, CA 94305-5070, United States

SO Journal of Clinical Endocrinology and Metabolism, (1990) 70/4 (1124-1131).
ISSN: 0021-972X CODEN: JCEMAZ

CY United States

DT Journal; Article

FS 003 Endocrinology
010 Obstetrics and Gynecology
032 Psychiatry
030 Pharmacology
037 Drug Literature Index

LA English

SL English

L14 ANSWER 8 OF 27 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.

SO Obstetrics and Gynecology, (1981) 58/3 (267-275).
CODEN: OBGNAS

AB . . . under close scrutiny. The indications and side effects of replacement therapy are reviewed, and recommendations regarding its use

are made. **Hot flashes**, atrophy of the vaginal epithelium, and prevention of osteoporosis have been established as indications for estrogen replacement therapy. Prevention of. . . examine this question. Various agents have been shown to be effective in treating some climacteric symptoms. These include progestogens for **hot flashes** and calcium for the prevention of osteoporosis. Other agents may also be effective but have not been tested critically.

CT Medical Descriptors:
*estrogen therapy
*hot flush
*osteoporosis
*postmenopause
*vagina epithelium
drug therapy
bone
therapy
endocrine system
***conjugated estrogen**
***medroxyprogesterone acetate**
*mestranol
*norethisterone

RN (**medroxyprogesterone acetate**) 71-58-9; (mestranol) 72-33-3; (norethisterone) 68-22-4

AB The use of estrogen replacement therapy in postmenopausal women is under close scrutiny. The indications and side effects of replacement therapy are reviewed, and recommendations regarding its use are made. **Hot flashes**, atrophy of the vaginal epithelium, and prevention of osteoporosis have been established as indications for estrogen replacement therapy. Prevention of cardiovascular disease, aging changes of skin, and the occurrence of mental illness have also been suggested as indications, but beneficial effects of estrogen replacement therapy for these problems have not been clearly established. Studies have shown that side effects of estrogen replacement therapy include endometrial cancer, hypertension, gallbladder disease, and angina pectoris. Breast cancer may also be a risk factor, but a consensus of opinion has not been established. Pulmonary embolism, cerebral vascular accident, or myocardial infarction has not been associated with estrogen replacement therapy. The use of progesterone with estrogen replacement therapy has been shown to reduce the occurrence rate of endometrial carcinoma, but it does not prevent all the actions of estrogen. Oral administration of estrogen is the preferred route despite misgivings about absorption and liver metabolism. Further studies must examine this question. Various agents have been shown to be effective in treating some climacteric symptoms. These include progestogens for **hot flashes** and calcium for the prevention of osteoporosis. Other agents may also be effective but have not been tested critically.

AN 81238268 EMBASE
DN 1981238268

TI Estrogen replacement therapy.

AU Judd H.L.; Cleary R.E.; Creasman W.T.; et al.
CS Dept. Obstet. Gynecol., Cent. Hlth Sci., UCLA Sch. Med., Los Angeles, Calif. 90024, United States

SO Obstetrics and Gynecology, (1981) 58/3 (267-275).
CODEN: OBGNAS
CY United States
DT Journal
FS 010 Obstetrics and Gynecology
006 Internal Medicine
037 Drug Literature Index
003 Endocrinology
LA English

L14 ANSWER 9 OF 27 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
SO Clinical Obstetrics and Gynecology, (1981) 24/1 (231-241).
CODEN: COGYAK
AB **Hot flashes** also occur in women who experience estrogen deficiency following exogenous estrogen withdrawal or in association with hypothalamic-pituitary dysfunction. Men who receive exogenous estrogen experience **hot flashes** on estrogen withdrawal. The pathophysiology of the hot flash is unknown. Recent evidence indicates that the onset of the hot flash immediately follows a release of pituitary LH. The similarity of **hot flashes** and the symptoms of catecholamine excess syndromes suggests a catecholaminergic basis for the hot flash. Persons who experience **hot flashes** experience dramatic relief when they are given exogenous estrogen. This suggests that **hot flashes** are the manifestation of estrogen deficiency, and thus, appropriate hormonal replacement is the therapy of choice. Critics of exogenous estrogen. . . but rather treat those who are symptomatic. For women who
are unable to take exogenous estrogen, alternative therapy such as **medroxyprogesterone acetate** may provide adequate relief. Clonidine has been reported effective in one study.
CT Medical Descriptors:
*hot flush
*menopause
pathogenesis
drug therapy
etiology
therapy
*catecholamine
*clonidine
***conjugated estrogen**
***medroxyprogesterone acetate**
*placebo
estrogen
progesterone
RN (clonidine) 4205-90-7, 4205-91-8, 57066-25-8; (**medroxyprogesterone acetate**) 71-58-9; (progesterone) 57-83-0
AB **Hot flashes** also occur in women who experience estrogen deficiency following exogenous estrogen withdrawal or in association with hypothalamic-pituitary dysfunction. Men who receive exogenous estrogen experience **hot flashes** on estrogen withdrawal. The pathophysiology of the hot flash is unknown. Recent evidence indicates that the onset of the hot flash immediately follows a release of pituitary LH. The similarity of **hot flashes** and the symptoms of catecholamine excess syndromes suggests a catecholaminergic basis for the hot flash. Persons who experience **hot flashes** experience dramatic relief when they are given exogenous estrogen. This suggests that **hot flashes** are the manifestation of estrogen deficiency, and thus, appropriate hormonal replacement is the therapy of choice. Critics of exogenous estrogen therapy contend that so little is known of the mechanism of the hot flash that estrogen replacement is not indicated. In my opinion, estrogen replacement is warranted in perimenopausal women, postmenopausal women, and estrogen-deficient premenopausal women. I do not administer estrogen routinely to menopausal women, but rather treat those who are symptomatic. For women who are unable to take exogenous estrogen, alternative therapy such as **medroxyprogesterone acetate** may provide adequate relief. Clonidine has been reported effective in one study.
AN 81137187 EMBASE
DN 1981137187
TI On the nature of the hot flash.
AU Bates G.W.
CS Univ. Mississippi Med. Cent., Jackson, Miss., United States
SO Clinical Obstetrics and Gynecology, (1981) 24/1 (231-241).

CODEN: COGYAK
CY United States
DT Journal
FS 010 Obstetrics and Gynecology
037 Drug Literature Index
003 Endocrinology
LA English

L14 ANSWER 10 OF 27 USPATFULL
PI US 5854229 19981229 <--
SUMM Currently, low dose estrogen therapy is the standard approach used in perimenopausal and menopausal women to relieve **vasomotor** symptoms, urogenital atrophy, osteoporosis and other symptoms and signs associated with menopause (for review, see Edman, C. D., Estrogen Replacement. . .
DETD The first manifestations of menopause are usually **hot flashes**. Further characterization of menopause can be determined in accordance with known techniques. See for Example, The Menopause (Herbert J, Buchsbaurm,. . .
DETD . . . diminished by the contraceptive technique described herein, ovarian production of estrogen and progesterone is decreased. Thus administering a progestin (e.g. **medroxyprogesterone acetate**, megestrol acetate, norethynodrel, L-norgestrel) to prevent endometrial hypertrophy as part of the contraceptive method is preferred. Androgenic progestins are preferred.. . .
DETD . . . another compound which acts as an estrogen receptor agonist. When administered separately, commercially available estrogen supplements may be used, e.g., **PREMARIN** available from Ayerst (St-Laurent, Quebec, Canada). One preferred precursor is DHEA, although DHEA-S and analogs discussed below are also especially. . . For typical patients, the appropriate dosage of estrogen to achieve desired serum concentrations is between 0.3 and 2.5 milligrams of **PREMARIN** per day per 50 kg of body weight when administered orally. In certain embodiments of the invention, the estrogen may. .
.
DETD . . . embodiment, menopause is treated with precursor as set forth above, in combination with periodic administration of a progestin such as **medroxyprogesterone acetate** (e.g. Provera) which is preferably administered intermittently, e.g. at a dosage of 2-10 mg per day for 12 consecutive days,. . .
DETD . . . Examples 14-17, a progestin and/or an estrogen may be added. For example 0.005 to 0.02% 17.beta.-estradiol and/or 0.2 to 2.0% **medroxyprogesterone acetate** may be added with corresponding reductions in water or ethanol or petrolatum. DHEA permeability can be enhanced by various techniques. . .
AB Sex steroid precursors such as dehydroepiandrosterone and dehydroepiandrosterone sulphate, and compounds converted in vivo to either of the foregoing, are utilized for the treatment and/or prevention of vaginal atrophy, hypogonadism, diminished libido, osteoporosis, urinary incontinence, ovarian cancer, uterine cancer, skin
atrophy, for contraception, and, in combination with an estrogen and/or progestin, for the treatment of menopause. The precursors may be formulated for percutaneous or transmucosal administration. Gels, solutions, lotions, creams, ointments and transdermal patches for the administration of these precursors are provided, as are certain pharmaceutical compositions and kits which can be used for the prevention and treatment of a wide variety of conditions related to decreased secretion of sex steroid precursors by the adrenals.
AN 1998:162493 USPATFULL
TI Therapeutic methods and delivery systems utilizing sex steroid precursors
IN Labrie, Fernand, Quebec, Canada
PA Endorecherche, Inc., Quebec, Canada (non-U.S. corporation)
PI US 5854229 19981229 <--
AI US 1995-477173 19950607 (8)

RLI Division of Ser. No. US 1994-180361, filed on 18 Jan 1994 which is a continuation-in-part of Ser. No. US 1993-5619, filed on 19 Jan 1993, now abandoned
DT Utility
FS Granted
EXNAM Primary Examiner: Raymond, Richard L.
LREP Ostrolenk, Faber, Gerb & Soffen, LLP
CLMN Number of Claims: 4
ECL Exemplary Claim: 1
DRWN 32 Drawing Figure(s); 9 Drawing Page(s)
LN.CNT 1881
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L14 ANSWER 11 OF 27 USPATFULL
PI US 5843932 19981201 <--
SUMM Currently, low dose estrogen therapy is the standard approach used in perimenopausal and menopausal women to relieve **vasomotor** symptoms, urogenital atrophy, osteoporosis and other symptoms and signs associated with menopause (for review, see Edman, C. D., Estrogen Replacement. . .
DETD The first manifestations of menopause are usually **hot flashes**. Further characterization of menopause can be determined in accordance with known techniques. See for Example, The Menopause (Herbert J, Buchsbaurm,. . .
DETD . . . diminished by the contraceptive technique described herein, ovarian production of estrogen and progesterone is decreased. Thus administering a progestin (e.g. **medroxyprogesterone acetate**, megestrol acetate, norethynodrel, L-norgestrel) to prevent endometrial hypertrophy as part of the contraceptive method is preferred. Androgenic progestins are preferred.. . .
DETD . . . another compound which acts as an estrogen receptor agonist. When administered separately, commercially available estrogen supplements may be used, e.g., **PREMARIN** available from Ayerst (St-Laurent, Quebec, Canada). One preferred precursor is DHEA, although DHEA-S and analogs discussed below are also especially. . . For typical patients, the appropriate dosage of estrogen to achieve desired serum concentrations is between 0.3 and 2.5 milligrams of **PREMARIN** per day per 50 kg of body weight when administered orally. In certain embodiments of the invention, the estrogen may. . .
DETD . . . embodiment, menopause is treated with precursor as set forth above, in combination with periodic administration of a progestin such as **medroxyprogesterone acetate** (e.g. Provera) which is preferably administered intermittently, e.g. at a dosage of 2-10 mg per day for 12 consecutive days,. . .
DETD . . . Examples 14-17, a progestin and/or an estrogen may be added. For example 0.005 to 0.02% 17.beta.-estradiol and/or 0.2 to 2.0% **medroxyprogesterone acetate** may be added with corresponding reductions in water or ethanol or petrolatum. DHEA permeability can be enhanced by various techniques. . .
AB Sex steroid precursors such as dehydroepiandrosterone and dehydroepiandrosterone sulphate, and compounds converted in vivo to either of the foregoing, are utilized for the treatment and/or prevention of vaginal atrophy, hypogonadism, diminished libido, osteoporosis, urinary incontinence, ovarian cancer, uterine cancer, skin atrophy, for contraception, and, in combination with an estrogen and/or progestin, for the treatment of menopause. The precursors may be formulated for percutaneous or transmucosal administration. Gels, solutions, lotions, creams, ointments and transdermal patches for the administration of these precursors are provided, as are certain pharmaceutical compositions and kits which can be used for the prevention and treatment of a wide variety of conditions related to decreased secretion of sex steroid precursors by the adrenals.
AN 1998:150934 USPATFULL

TI Therapeutic methods and delivery systems utilizing sex steroid precursors
IN Labrie, Fernand, Quebec, Canada
PA Endorcaherche, Inc., Quebec, Canada (non-U.S. corporation)
PI US 5843932 19981201 <--
AI US 1995-473815 19950607 (8)
RLI Division of Ser. No. US 1994-180361, filed on 18 Jan 1994 which is a continuation-in-part of Ser. No. US 1993-5619, filed on 19 Jan 1993, now abandoned
DT Utility
FS Granted
EXNAM Primary Examiner: Burn, Brian M.
LREP Ostrolenk, Faber, Gerb & Soffen, LLP
CLMN Number of Claims: 2
ECL Exemplary Claim: 1
DRWN 32 Drawing Figure(s); 9 Drawing Page(s)
LN.CNT 1880
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L14 ANSWER 12 OF 27 USPATFULL
PI US 5837700 19981117 <--
SUMM Currently, low dose estrogen therapy is the standard approach used in perimenopausal and menopausal women to relieve **vasomotor** symptoms, urogenital atrophy, osteoporosis and other symptoms and signs associated with menopause (for review, see Edman, C.D., Estrogen Replacement Therapy.. . . .
DETD The first manifestations of menopause are usually **hot flashes**. Further characterization of menopause can be determined in accordance with known techniques. See for Example, The Menopause (Herbert J, Buchsbaurm,. . . .
DETD . . . diminished by the contraceptive technique described herein, ovarian production of estrogen and progesterone is decreased. Thus administering a progestin (e.g. **medroxyprogesterone acetate**, megestrol acetate, norethynodrel, L-norgestrel) to prevent endometrial hypertrophy as part of the contraceptive method is preferred. Androgenic progestins are preferred.. . . .
DETD . . . another compound which acts as an estrogen receptor agonist. When administered separately, commercially available estrogen supplements may be used, e.g., **PREMARIN** available from Ayerst (St-Laurent, Quebec, Canada). One preferred precursor is DHEA, although DHEA-S and analogs discussed below are also especially. . . For typical patients, the appropriate dosage of estrogen to achieve desired serum concentrations is between 0.3 and 2.5 milligrams of **PREMARIN** per day per 50 kg of body weight when administered orally. In certain embodiments of the invention, the estrogen may. . .
DETD . . . embodiment, menopause is treated with precursor as set forth above, in combination with periodic administration of a progestin such as **medroxyprogesterone acetate** (e.g. Provera) which is preferably administered intermittently, e.g. at a dosage of 2-10 mg per day for 12 consecutive days,. . . .
DETD . . . Examples 14-17, a progestin and/or an estrogen may be added. For example 0.005 to 0.02% 17.beta.-estradiol and/or 0.2 to 2.0% **medroxyprogesterone acetate** may be added with corresponding reductions in water or ethanol or petrolatum. DHEA permeability can be enhanced by various techniques. . .
AB Sex steroid precursors such as dehydroepiandrosterone and dehydroepiandrosterone sulphate, and compounds converted in vivo to either of the foregoing, are utilized for the treatment and/or prevention of vaginal atrophy, hypogonadism, diminished libido, osteoporosis, urinary incontinence, ovarian cancer, uterine cancer, skin atrophy, for contraception, and, in combination with an estrogen and/or progestin, for the treatment of menopause. The precursors may be formulated for percutaneous or transmucosal administration. Gels,

solutions, lotions, creams, ointments and transdermal patches for the administration of these precursors are provided, as are certain pharmaceutical compositions and kits which can be used for the prevention and treatment of a wide variety of conditions related to decreased secretion of sex steroid precursors by the adrenals.

AN 1998:144099 USPATFULL

TI Therapeutic methods and delivery systems utilizing sex steroid precursors

IN Labrie, Fernand, Quebec, Canada

PA Endorecherche, Inc., Quebec, Canada (non-U.S. corporation)

PI US 5837700 19981117 <--

AI US 1995-485750 19950607 (8)

RLI Division of Ser. No. US 1994-180361, filed on 18 Jan 1994 which is a continuation-in-part of Ser. No. US 1993-5619, filed on 19 Jan 1993, now abandoned

DT Utility

FS Granted

EXNAM Primary Examiner: Dees, Jose G.; Assistant Examiner: Cebulak, Mary C.

LREP Ostrolenk, Faber, Gerb & Soffen, LLP

CLMN Number of Claims: 5

ECL Exemplary Claim: 1

DRWN 32 Drawing Figure(s); 9 Drawing Page(s)

LN.CNT 1881

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L14 ANSWER 13 OF 27 USPATFULL

PI US 5824671 19981020 <--

SUMM Currently, low dose estrogen therapy is the standard approach used in perimenopausal and menopausal women to relieve **vasomotor** symptoms, urogenital atrophy, osteoporosis and other symptoms and signs associated with menopause (for review, see Edman, C. D., Estrogen Replacement. . .

SUMM The first manifestations of menopause are usually **hot flashes**. Further characterization of menopause can be determined in accordance with known techniques. See for Example, The Menopause (Herbert J., Buchsbaurm,. . .

SUMM . . . another compound which acts as an estrogen receptor agonist. When administered separately, commercially available estrogen supplements may be used, e.g., **PREMARIN** available from Ayerst (St. Laurent, Quebec, Canada). One preferred precursor is DHEA, although DHEA-S and analogs discussed below are also. . . For typical patients, the appropriate dosage of estrogen to achieve desired serum concentrations is between 0.3 and 2.5 milligrams of **PREMARiN** per day per 50 kg of body weight when administered orally. In certain embodiments of the invention, the estrogen may. . .

SUMM . . . embodiment, menopause is treated with precursor as set forth above, in combination with periodic administration of a progestin such as **medroxyprogesterone acetate** (e.g. Provera) which is preferably administered intermittently, e.g. at a dosage of 5-10 mg per day for 10 consecutive days,. . .

AB Sex steroid precursors such as dehydroepiandrosterone and dehydroepiandrosterone sulphate, and compounds converted in vivo to either of the foregoing, are utilized for the treatment of vaginal atrophy, hypogonadism, diminished libido, loss of collagen or connective tissues in the skin, and, in combination with an estrogen and/or progestin, for the treatment of menopause. The precursors may be formulated for percutaneous or transmucosal administration. Gels, solutions, lotions, creams, ointments and transdermal patches for the administration of these precursors are provided, as are certain pharmaceutical compositions and kits which can be used for the prevention and treatment of a wide variety of conditions related to decreased secretion of sex steroid precursors by the adrenals.

AN 1998:128259 USPATFULL

TI Therapeutic methods and delivery systems utilizing sex steroid precursors
IN Labrie, Fernand, Quebec, Canada
PA Endorecherche Inc, Quebec, Canada (non-U.S. corporation)
PI US 5824671 19981020 <--
AI US 1995-480592 19950607 (8)
RLI Division of Ser. No. US 1993-5619, filed on 19 Jan 1993, now abandoned
DT Utility
FS Granted
EXNAM Primary Examiner: Clardy, S. Mark; Assistant Examiner: Cebulak, Mary C.
LREP Ostrolenk, Faber, Gerb & Soffen, LLP
CLMN Number of Claims: 14
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 1533
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L14 ANSWER 14 OF 27 USPATFULL
PI US 5807849 19980915 <--
SUMM Currently, low dose estrogen therapy is the standard approach used in perimenopausal and menopausal women to relieve **vasomotor** symptoms, urogenital atrophy, osteoporosis and other symptoms and signs associated with menopause (for review, see Edman, C. D., Estrogen Replacement. . .
DETD The first manifestations of menopause are usually **hot flashes**. Further characterization of menopause can be determined in accordance with known techniques. See for Example, The Menopause (Herbert J, Buchsbaurm,. . .
DETD . . . diminished by the contraceptive technique described herein, ovarian production of estrogen and progesterone is decreased. Thus administering a progestin (e.g. **medroxyprogesterone acetate**, megestrol acetate, norethynodrel, L-norgestrel) to prevent endometrial hypertrophy as part of the contraceptive method is preferred. Androgenic progestins are preferred.. . .
DETD . . . another compound which acts as an estrogen receptor agonist. When administered separately, commercially available estrogen supplements may be used, e.g., **PREMARIN** available from Ayerst (St- Laurent, Quebec, Canada). One preferred precursor is DHEA, although DHEA-S and analogs discussed below are also. . . For typical patients, the appropriate dosage of estrogen to achieve desired serum concentrations is between 0.3 and 2.5 milligrams of **PREMARIN** per day per 50 kg of body weight when administered orally. In certain embodiments of the invention, the estrogen may. . .
DETD . . . embodiment, menopause is treated with precursor as set forth above, in combination with periodic administration of a progestin such as **medroxyprogesterone acetate** (e.g. Provera) which is preferably administered intermittently, e.g. at a dosage of 2-10 mg per day for 12 consecutive days,. . .
DETD . . . and/or an estrogen may be added. For example 0.005 to 0.02% 17 .beta.-estradiol and/or 0.2 to 2.0and/or 0.2 to 2.0% **medroxyprogesterone acetate** may be added with corresponding reductions in water or ethanol or petrolatum. DHEA permeability can be enhanced by various techniques. . .
AB Sex steroid precursors such as dehydroepiandrosterone and dehydroepiandrosterone sulphate, and compounds converted in vivo to either of the foregoing, are utilized for the treatment and/or prevention of vaginal atrophy, hypogonadism, diminished libido, osteoporosis, urinary incontinence, ovarian cancer, uterine cancer, skin atrophy, for contraception, and, in combination with an estrogen and/or progestin, for the treatment of menopause. The precursors may be formulated for percutaneous or transmucosal administration. Gels, solutions, lotions, creams, ointments and transdermal patches for the administration of these precursors are provided, as are certain pharmaceutical compositions and kits which can be used for the

prevention and treatment of a wide variety of conditions related to decreased secretion of sex steroid precursors by the adrenals.
AN 1998:111929 USPATFULL
TI Therapeutic methods and delivery systems utilizing sex steroid precursors
IN Labrie, Fernand, Quebec, Canada
PA Endorecherche, Inc., Quebec, Canada (non-U.S. corporation)
PI US 5807849 19980915 <--
AI US 1995-489909 19950613 (8)
RLI Division of Ser. No. US 1994-180361, filed on 18 Jan 1994 which is a continuation-in-part of Ser. No. US 1993-5619, filed on 19 Jan 1993, now abandoned
DT Utility
FS Granted
EXNAM Primary Examiner: Dees, Jose G.; Assistant Examiner: Cebulak, Mary C.
LREP Ostrolenk, Faber, Gerb & Soffen, LLP
CLMN Number of Claims: 10
ECL Exemplary Claim: 1
DRWN 32 Drawing Figure(s); 9 Drawing Page(s)
LN.CNT 1902
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L14 ANSWER 15 OF 27 USPATFULL
PI US 5798347 19980825 <--
SUMM Currently, low dose estrogen therapy is the standard approach used in perimenopausal and menopausal women to relieve **vasomotor** symptoms, urogenital atrophy, osteoporosis and other symptoms and signs associated with menopause (for review, see Edman, C. D., Estrogen Replacement. . .
DETD The first manifestations of menopause are usually **hot flashes**. Further characterization of menopause can be determined in accordance with known techniques. See for Example, The Menopause (Herbert J., Buchsbaurm,. . .
DETD . . . diminished by the contraceptive technique described herein, ovarian production of estrogen and progesterone is decreased. Thus administering a progestin (e.g. **medroxyprogesterone acetate**, megestrol acetate, norethynodrel, L-norgestrel) to prevent endometrial hypertrophy as part of the contraceptive method is preferred. Androgenic progestins are preferred.. . .
DETD . . . another compound which acts as an estrogen receptor agonist. When administered separately, commercially available estrogen supplements may be used, e.g., **PREMARIN** available from Ayerst (St-Laurent, Quebec, Canada). One preferred precursor is DHEA, although DHEA-S and analogs discussed below are also especially. . . For typical patients, the appropriate dosage of estrogen to achieve desired serum concentrations is between 0.3 and 2.5 milligrams of **PREMARIN** per day per 50 kg of body weight when administered orally. In certain embodiments of the invention, the estrogen may. . .
DETD . . . embodiment, menopause is treated with precursor as set forth above, in combination with periodic administration of a progestin such as **medroxyprogesterone acetate** (e.g. Provera) which is preferably administered intermittently, e.g. at a dosage of 2-10 mg per day for 12 consecutive days,. . .
DETD . . . Examples 14-17, a progestin and/or an estrogen may be added. For example 0.005 to 0.02% 17.beta.-estradiol and/or 0.2 to 2.0% **medroxyprogesterone acetate** may be added with corresponding reductions in water or ethanol or petrolatum. DHEA permeability can be enhanced by various techniques. . .
AB Sex steroid precursors such as dehydroepiandrosterone and dehydroepiandrosterone sulphate, and compounds converted in vivo to either of the foregoing, are utilized for the treatment and/or prevention of vaginal atrophy, hypogonadism, diminished libido, osteoporosis, urinary incontinence, ovarian cancer, uterine cancer, skin

atrophy, for contraception, and, in combination with an estrogen and/or progestin, for the treatment of menopause. The precursors may be formulated for percutaneous or transmucosal administration. Gels, solutions, lotions, creams, ointments and transdermal patches for the administration of these precursors are provided, as are certain pharmaceutical compositions and kits which can be used for the prevention and treatment of a wide variety of conditions related to decreased secretion of sex steroid precursors by the adrenals.

AN 1998:101638 USPATFULL
TI Therapeutic methods and delivery systems utilizing sex steroid precursors
IN Labrie, Fernand, Quebec, Canada
PA Endorecherche, Inc., Quebec, Canada (non-U.S. corporation)
PI US 5798347 19980825 <--
AI US 1995-477170 19950607 (8)
RLI Division of Ser. No. US 1994-180361, filed on 18 Jan 1994 which is a continuation-in-part of Ser. No. US 1993-5619, filed on 19 Jan 1993, now abandoned
DT Utility
FS Granted
EXNAM Primary Examiner: Dees, Jose G.; Assistant Examiner: Cebulak, Mary C.
LREP Ostrolenk, Faber, Gerb & Soffen, LLP
CLMN Number of Claims: 10
ECL Exemplary Claim: 1
DRWN 32 Drawing Figure(s); 9 Drawing Page(s)
LN.CNT 1904
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L14 ANSWER 16 OF 27 USPATFULL
PI US 5780460 19980714 <--
SUMM Currently, low dose estrogen therapy is the standard approach used in perimenopausal and menopausal women to relieve **vasomotor** symptoms, urogenital atrophy, osteoporosis and other symptoms and signs associated with menopause (for review, see Edman, C. D., Estrogen Replacement. . .
DETD The first manifestations of menopause are usually **hot flashes**. Further characterization of menopause can be determined in accordance with known techniques. See for Example, The Menopause (Herbert J, Buchsbaurm,. . .
DETD . . . another compound which acts as an estrogen receptor agonist. When administered separately, commercially available estrogen supplements may be used, e.g., **PREMARIN** available from Ayerst (St-Laurent, Quebec, Canada). One preferred precursor is DHEA, although DHEA-S and analogs discussed below are also especially. . . For typical patients, the appropriate dosage of estrogen to achieve desired serum concentrations is between 0.3 and 2.5 milligrams of **PREMARIN** per day per 50 kcg of body weight when administered orally. In certain embodiments of the invention, the estrogen may. . .
DETD . . . embodiment, menopause is treated with precursor as set forth above, in combination with periodic administration of a progestin such as **medroxyprogesterone acetate** (e.g. Frovera) which is preferably administered intermittently, e.g. at a dosage of 10-10 mg per day for 10 consecutive days,. . .
AB Sex steroid precursors such as dehydroepiandrosterone and dehydroepiandrosterone sulphate, and compounds converted in vivo to either of the foregoing, are utilized for the treatment of vaginal atrophy, hypogonadism, diminished libido, loss of collagen or connective tissues in the skin, and, in combination with an estrogen and/or progestin, for the treatment of menopause. The precursors may be formulated for percutaneous or transmucosal administration. Gels, solutions, lotions, creams, ointments and transdermal patches for the administration of these precursors are provided, as are certain pharmaceutical compositions and kits which can be used for the

prevention and treatment of a wide variety of conditions related to decreased secretion of sex steroid precursors by the adrenals.
AN 1998:82748 USPATFULL
TI Therapeutic methods and delivery systems utilizing sex steroid precursors
IN Labrie, Fernand, Quebec, Canada
PA Endoreoherche, Inc., Quebec, Canada (non-U.S. corporation)
PI US 5780460 19980714 <--
AI US 1995-488392 19950607 (8)
RLI Division of Ser. No. US 1993-5619, filed on 19 Jan 1993, now abandoned
DT Utility
FS Granted
EXNAM Primary Examiner: Dees, Jose G.; Assistant Examiner: Cebulak, Mary C.
LREP Ostrolenk, Faber, Gerb & Soffen, LLP
CLMN Number of Claims: 2
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 1488
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L14 ANSWER 17 OF 27 USPATFULL
PI US 5776923 19980707 <--
SUMM Currently, low dose estrogen therapy is the standard approach used in perimenopausal and menopausal women to relieve **vasomotor** symptoms, urogenital atrophy, osteoporosis and other symptoms and signs associated with menopause (for review, see Edman, C. D., Estrogen Replacement. . .
DETD The first manifestations of menopause are usually **hot flashes**. Further characterization of menopause can be determined in accordance with known techniques. See for Example, The Menopause (Herbert J., Buchsbaurm,. . .
DETD . . . diminished by the contraceptive technique described herein, ovarian production of estrogen and progesterone is decreased. Thus administering a progestin (e.g. **medroxyprogesterone acetate**, megestrol acetate, norethylnodrel, L-norgestrel) to prevent endometrial hypertrophy as part of the contraceptive method is preferred. Androgenic progestins are preferred.. . .
DETD . . . another compound which acts as an estrogen receptor agonist. When administered separately, commercially available estrogen supplements may be used, e.g., **PREMARIN** available from Ayerst (St-Laurent, Quebec, Canada). One preferred precursor is DHEA, although DHEA-S and analogs discussed below are also especially. . . For typical patients, the appropriate dosage of estrogen to achieve desired serum concentrations is between 0.3 and 2.5 milligrams of **PREMARIN** per day per 50 kg of body weight when administered orally. In certain embodiments of the invention, the estrogen may. . .
DETD . . . another embodiment, menopause is treated with precursor asset forth above, in combination with periodic administration of a progestin such as **medroxyprogesterone acetate** (e.g. Provera) which is preferably administered intermittently e.g. at a dosage of 2-10 mg per day for 12 consecutive days,. . .
DETD . . . Examples 14-17, a progestin and/or an estrogen may be added. For example 0.005 to 0.02% 17.beta.-estradiol and/or 0.2 to 2.0% **medroxyprogesterone acetate** may be added with corresponding reductions in water or ethanol or petrolatum. DHEA permeability can be enhanced by various techniques. . .
AB Sex steroid precursors such as dehydroepiandrosterone and dehydroepiandrosterone sulphate, and compounds converted in vivo to ether of the foregoing, are utilized for the treatment and/or prevention of vaginal atrophy, hyprogonadism, diminished libido, osteoporosis, urinary incontinence, ovarian cancer, uterine cancer, skin atrophy, for contraception, and, in combination with an estrogen and/or progestin, for the treatment of menopause. The precursors may be formulated for

percutaneous or transmucosal administration. Gels, solutions, lotions, creams, ointments and transdermal patches for the administration of these precursors are provided, as are certain pharmaceutical compositions and kits which can be used for the prevention and treatment of a wide variety of conditions related to decreased secretion of sex steroid precursors by the adrenals.

AN 1998:79164 USPATFULL
TI Method of treating or preventing osteoporosis by adminstering dehydropiandrosterone
IN Labrie, Fernand, Quebec, Canada
PA Endorecherche, Inc., Quebec, Canada (non-U.S. corporation)
PI US 5776923 19980707 <--
AI US 1994-180361 19940118 (8)
RLI Continuation-in-part of Ser. No. US 1993-5619, filed on 19 Jan 1993, now abandoned
DT Utility
FS Granted
EXNAM Primary Examiner: Prior, Kimberly J.
LREP Ostrolenk, Faber, Gerb & Soffen, LLP
CLMN Number of Claims: 8
ECL Exemplary Claim: 1
DRWN 32 Drawing Figure(s); 9 Drawing Page(s)
LN.CNT 1937
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L14 ANSWER 18 OF 27 USPATFULL
PI US 5728688 19980317 <--
SUMM Currently, low dose estrogen therapy is the standard approach used in perimenopausal and menopausal women to relieve **vasomotor** symptoms, urogenital atrophy, osteoporosis and other symptoms and signs associated with menopause (for review, see Edman, C. D., Estrogen Replacement. . .
SUMM The first manifestations of menopause are usually **hot flashes**. Further characterization of menopause can be determined in accordance with known techniques. See for Example, The Menopause (Herbert J., Buchsbaurm,. . .
SUMM . . . another compound which acts as an estrogen receptor agonist. When administered separately, commercially available estrogen supplements may be used, e.g., **PREMARIN** available from Ayerst (St-Laurent, Quebec, Canada). One preferred precursor is DHEA, although DHEA-S and analogs discussed below are also especially. . . For typical patients, the appropriate dosage of estrogen to achieve desired serum concentrations is between 0.3 and 2.5 milligrams of **PREMARIN** per day per 50 kg of body weight when administered orally. In certain embodiments of the invention, the estrogen may. . .
SUMM . . . embodiment, menopause is treated with precursor as set forth above, in combination with periodic administration of a progestin such as **medroxyprogesterone acetate** (e.g. Provera) which is preferably administered intermittently, e.g. at a dosage of 5-10 mg per day for 10 consecutive days,. . .
AB Sex steroid precursors such as dehydroepiandrosterone and dehydroepiandrosterone sulphate, and compounds converted in vivo to either of the foregoing, are utilized for the treatment of vaginal atrophy, hypogonadism, diminished libido, loss of collagen or connective tissues in the skin, and, in combination with an estrogen and/or progestin, for the treatment of menopause. The precursors may be formulated for percutaneous or transmucosal administration. Gels, solutions, lotions, creams, ointments and transdermal patches for the administration of these precursors are provided, as are certain pharmaceutical compositions and kits which can be used for the prevention and treatment of a wide variety of conditions related to decreased secretion of sex steroid precursors by the adrenals.

AN 1998:28068 USPATFULL
TI Therapeutic methods and delivery systems utilizing sex steroid precursors
IN Labrie, Fernand, Quebec, Canada
PA Endoreoherche, Inc., Quebec, Canada (non-U.S. corporation)
PI US 5728688 19980317 <--
AI US 1995-480591 19950607 (8)
RLI Division of Ser. No. US 1993-5619, filed on 19 Jan 1993, now abandoned
DT Utility
FS Granted
EXNAM Primary Examiner: Raymond, Richard L.
LREP Ostrolenk, Faber, Gerb & Soffen, LLP
CLMN Number of Claims: 3
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 1497
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L14 ANSWER 19 OF 27 USPATFULL
PI US 5696133 19971209 <--
SUMM . . . molecular weight native molecules, such as the hormones progesterone, estrogen and testosterone, as well as synthetic derivative compounds such as **medroxyprogesterone acetate**, diethylstilbesterol and 19-nortestosterone. These ligands, when present in the fluid surrounding a cell, pass through the outer cell membrane by. . .
SUMM . . . modulators. The PR active compounds are also useful in the treatment of dysfunctional uterine bleeding, dysmenorrhea, endometriosis, leiomyomas (uterine fibroids), **hot flashes**, mood disorders, meningiomas as well as in various hormone-dependent cancers, including, without limitation, cancers of the ovaries, breast, endometrium and. . .
SUMM . . . female hormone replacement therapy and as fertility modulators, typically in combination with a PR modulator (i.e., a progestin, such as **Premarin**.RTM.). ER modulator compounds are also useful to treat atrophic vaginitis, kraurosis vulvae, osteoporosis, hirsutism, **hot flashes**, **vasomotor** symptoms, mood disorders, neuroendocrine effects, acne, dysmenorrhea and hormonally dependent cancers, including, without limitation, breast and prostate cancer.
DETD . . . were obtained 1 week after surgery and allowed to acclimate for an additional week after shipment. Compound 163, Compound 210, **medroxyprogesterone acetate** (MPA) (Sigma, St. Louis, Mo.) a synthetic progesterone agonist, and estrone (E1) (Sigma, St. Louis, Mo.) a synthetic estrogen agonist,. . .
AB Non-steroidal compounds which are high affinity, high selectivity modulators for steroid receptors are disclosed. Also disclosed are pharmaceutical compositions incorporating such compounds, methods for employing the disclosed compounds and compositions for treating patients requiting steroid receptor agonist or antagonist therapy, intermediates useful in the preparation of the compounds and processes for the preparation of the steroid receptor modulator compounds.
AN 97:115291 USPATFULL
TI Steroid receptor modulator compounds and methods
IN Jones, Todd K., Solana Beach, CA, United States
Goldman, Mark E., San Diego, CA, United States
Pooley, Charlotte L.F., San Diego, CA, United States
Winn, David T., San Diego, CA, United States
Edwards, James P., San Diego, CA, United States
West, Sarah J., San Diego, CA, United States

Tegley, Christopher M., San Diego, CA, United States
Zhi, Lin, San Diego, CA, United States
Hamann, Lawrence G., San Diego, CA, United States
Farmer, Luc J., La Jolla, CA, United States
Davis, Robert L., Santee, CA, United States
PA Ligand Pharmaceuticals Incorporated, San Diego, CA, United States (U.S. corporation)
PI US 5696133 19971209 <--
AI US 1995-465556 19950605 (8)
RLI Continuation-in-part of Ser. No. US 1994-363529, filed on 23 Dec 1994, now abandoned
DT Utility
FS Granted
EXNAM Primary Examiner: Ivy, C. Warren; Assistant Examiner: Huang, Evelyn
LREP Jurgensen, Thomas E., Respess, William L., Elmer, James Scott
CLMN Number of Claims: 10
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 11054
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L14 ANSWER 20 OF 27 USPATFULL
PI US 5696130 19971209 <--
SUMM . . . molecular weight native molecules, such as the hormones progesterone, estrogen and testosterone, as well as synthetic derivative compounds such as **medroxyprogesterone acetate**, diethylstilbesterol and 19-nortestosterone. These ligands, when present in the fluid surrounding a cell, pass through the outer cell membrane by. . .
DETD . . . modulators. The PR active compounds are also useful in the treatment of dysfunctional uterine bleeding, dysmenorrhea, endometriosis, leiomyomas (uterine fibroids), **hot flashes**, mood disorders, meningiomas as well as in various hormone-dependent cancers, including, without limitation, cancers of the ovaries, breast, endometrium and. . .
DETD . . . female hormone replacement therapy and as fertility modulators, typically in combination with a PR modulator (i.e., a progestin, such as **Premarin**.RTM.). ER modulator compounds are also useful to treat atrophic vaginitis, kraurosis vulvae, osteoporosis, hirsutism, **hot flashes**, **vasomotor** symptoms, mood disorders, neuroendocrine effects, acne, dysmenorrhea and hormonally dependent cancers, including, without limitation, breast and prostate cancer.
DETD . . . were obtained 1 week after surgery and allowed to acclimate for an additional week after shipment. Compound 163, Compound 210, **medroxyprogesterone acetate** (MPA) (Sigma, St. Louis, Mo.) a synthetic progesterone agonist, and estrone (E1) (Sigma, St. Louis, Mo.) a synthetic estrogen agonist,. . .
AB Non-steroidal compounds which are high affinity, high selectivity modulators for steroid receptors are disclosed. Also disclosed are pharmaceutical compositions incorporating such compounds, methods for employing the disclosed compounds and compositions for treating patients requiring steroid receptor agonist or antagonist therapy, intermediates useful in the preparation of the compounds and processes for the preparation of the steroid receptor modulator compounds.
AN 97:115288 USPATFULL
TI Tricyclic steroid receptor modulator compounds and methods
IN Jones, Todd K., Solana Beach, CA, United States
Winn, David T., San Diego, CA, United States
Goldman, Mark E., San Diego, CA, United States

Hamann, Lawrence G., San Diego, CA, United States
Zhi, Lin, San Diego, CA, United States
Farmer, Luc J., La Jolla, CA, United States
Davis, Robert L., Santee, CA, United States
PA Ligand Pharmaceuticals Incorporated, San Diego, CA, United States (U.S. corporation)
PI US 5696130 19971209 <--
AI US 1995-462643 19950605 (8)
RLI Continuation-in-part of Ser. No. US 1994-363529, filed on 22 Dec 1994, now abandoned
DT Utility
FS Granted
EXNAM Primary Examiner: Ivy, C. Warren; Assistant Examiner: Huang, Evelyn
LREP Jurgensen, Thomas E., Respess, William L., Elmer, James Scott
CLMN Number of Claims: 35
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 11334
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L14 ANSWER 21 OF 27 USPATFULL
PI US 5696127 19971209 <--
SUMM . . . molecular weight native molecules, such as the hormones progesterone, estrogen and testosterone, as well as synthetic derivative compounds such as **medroxyprogesterone acetate**, diethylstilbesterol and 19-nortestosterone. These ligands, when present in the fluid surrounding a cell, pass through the outer cell membrane by. . .
SUMM . . . modulators. The PR active compounds are also useful in the treatment of dysfunctional uterine bleeding, dysmenorrhea, endometriosis, leiomyomas (uterine fibroids), **hot flashes**, mood disorders, meningiomas as well as in various hormone-dependent cancers, including, without limitation, cancers of the ovaries, breast, endometrium and. . .
SUMM . . . female hormone replacement therapy and as fertility modulators, typically in combination with a PR modulator (i.e., a progestin, such as **Premarin**.RTM.). ER modulator compounds are also useful to treat atrophic vaginitis, kraurosis vulvae, osteoporosis, hirsutism, **hot flashes**, **vasomotor** symptoms, mood disorders, neuroendocrine effects, acne, dysmenorrhea and hormonally dependent cancers, including, without limitation, breast and prostate cancer.
DETD . . . were obtained 1 week after surgery and allowed to acclimate for an additional week after shipment. Compound 163, Compound 210, **medroxyprogesterone acetate** (MPA) (Sigma, St. Louis, Mo.) a synthetic progesterone agonist, and estrone (E1) (Sigma, St. Louis, Mo.) a synthetic estrogen agonist,. . .
AB Non-steroidal compounds which are high affinity, high selectivity modulators for steroid receptors are disclosed. Also disclosed are pharmaceutical compositions incorporating such compounds, methods for employing the disclosed compounds and compositions for treating patients requiring steroid receptor agonist or antagonist therapy, intermediates useful in the preparation of the compounds and processes for the preparation of the steroid receptor modulator compounds.
AN 97:115285 USPATFULL
TI Steroid receptor modulator compounds and methods
IN Jones, Todd K., Solana Beach, CA, United States
Zhi, Lin, San Diego, CA, United States
Edwards, James P., San Diego, CA, United States
Tegley, Christopher M., San Diego, CA, United States

West, Sarah J., San Diego, CA, United States
PA Ligand Pharmaceuticals Incorporated, San Diego, CA, United States (U.S. corporation)
PI US 5696127 19971209 <--
AI US 1995-465429 19950605 (8)
RLI Continuation-in-part of Ser. No. US 1994-363529, filed on 22 Dec 1994, now abandoned
DT Utility
FS Granted
EXNAM Primary Examiner: Ivy, C. Warren; Assistant Examiner: Huang, Evelyn
LREP Jurgensen, Thomas E., Respess, William L., Elmer, James Scott
CLMN Number of Claims: 36
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 11518
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L14 ANSWER 22 OF 27 USPATFULL
PI US 5693647 19971202 <--
SUMM . . . molecular weight native molecules, such as the hormones progesterone, estrogen and testosterone, as well as synthetic derivative compounds such as **medroxyprogesterone acetate**, diethylstilbesterol and 19-nortestosterone. These ligands, when present in the fluid surrounding a cell, pass through the outer cell membrane by. . .
SUMM . . . modulators. The PR active compounds are also useful in the treatment of dysfunctional uterine bleeding, dysmenorrhea, endometriosis, leiomyomas (uterine fibroids), **hot flashes**, mood disorders, meningiomas as well as in various hormone-dependent cancers, including, without limitation, cancers of the ovaries, breast, endometrium and. . .
SUMM . . . female hormone replacement therapy and as fertility modulators, typically in combination with a PR modulator (i.e., a progestin, such as **Premarin**.RTM.). ER modulator compounds are also useful to treat atrophic vaginitis, kraurosis vulvae, osteoporosis, hirsutism, **hot flashes**, **vasomotor** symptoms, mood disorders, neuroendocrine effects, acne, dysmenorrhea and hormonally dependent cancers, including, without limitation, breast and prostate cancer.
DETD . . . were obtained 1 week after surgery and allowed to acclimate for an additional week after shipment. Compound 163, Compound 210, **medroxyprogesterone acetate** (MPA) (Sigma, St. Louis, Mo.) a synthetic progesterone agonist, and estrone (E1) (Sigma, St. Louis, Mo.) a synthetic estrogen agonist,. . .
AB Non-steroidal compounds which are high affinity, high selectivity modulators for steroid receptors are disclosed. Also disclosed are pharmaceutical compositions incorporating such compounds, methods for employing the disclosed compounds and compositions for treating patients requiring steroid receptor agonist or antagonist therapy, intermediates useful in the preparation of the compounds and processes for the preparation of the steroid receptor modulator compounds.
AN 97:112477 USPATFULL
TI Steroid receptor modulator compounds and methods
IN Jones, Todd K., Solana Beach, CA, United States
Zhi, Lin, San Diego, CA, United States
Tegley, Christopher M., San Diego, CA, United States
Winn, David T., San Diego, CA, United States
Hamann, Lawrence G., San Diego, CA, United States
Edwards, James P., San Diego, CA, United States
West, Sarah J., San Diego, CA, United States

PA Ligand Pharmaceuticals Incorporated, San Diego, CA, United States (U.S. corporation)
PI US 5693647 19971202 <--
AI US 1995-464546 19950605 (8)
RLI Continuation-in-part of Ser. No. US 1994-363529, filed on 22 Dec 1994, now abandoned
DT Utility
FS Granted
EXNAM Primary Examiner: Ivy, C. Warren; Assistant Examiner: Huang, Evelyn
LREP Jurgensen, Thomas E., Respess, William L., Elmer, James Scott
CLMN Number of Claims: 27
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 11185
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L14 ANSWER 23 OF 27 USPATFULL
PI US 5693646 19971202 <--
SUMM . . . molecular weight native molecules, such as the hormones progesterone, estrogen and testosterone, as well as synthetic derivative compounds such as **medroxyprogesterone acetate**, diethylstilbesterol and 19-nortestosterone. These ligands, when present in the fluid surrounding a cell, pass through the outer cell membrane by. . .
SUMM . . . modulators. The PR active compounds are also useful in the treatment of dysfunctional uterine bleeding, dysmenorrhea, endometriosis, leiomyomas (uterine fibroids), **hot flashes**, mood disorders, meningiomas as well as in various hormone-dependent cancers, including, without limitation, cancers of the ovaries, breast, endometrium and. . .
SUMM . . . female hormone replacement therapy and as fertility modulators, typically in combination with a PR modulator (i.e., a progestin, such as **Premarin**.RTM.). ER modulator compounds are also useful to treat atrophic vaginitis, kraurosis vulvae, osteoporosis, hirsutism, **hot flashes**, **vasomotor** symptoms, mood disorders, neuroendocrine effects, acne, dysmenorrhea and hormonally dependent cancers, including, without limitation, breast and prostate cancer.
DETD . . . were obtained 1 week after surgery and allowed to acclimate for an additional week after shipment. Compound 163, Compound 210, **medroxyprogesterone acetate** (MPA) (Sigma, St. Louis, Mo.) a synthetic progesterone agonist, and estrone (E1) (Sigma, St. Louis, Mo.) a synthetic estrogen agonist,. . .
AB Non-steroidal compounds which are high affinity, high selectivity modulators for steroid receptors are disclosed. Also disclosed are pharmaceutical compositions incorporating such compounds, methods for employing the disclosed compounds and compositions for treating patients requiring steroid receptor agonist or antagonist therapy, intermediates useful in the preparation of the compounds and processes for the preparation of the steroid receptor modulator compounds.
AN 97:112476 USPATFULL
TI Steroid receptor modulator compounds and methods
IN Jones, Todd K., Solana Beach, CA, United States
Tegley, Christopher M., San Diego, CA, United States
Zhi, Lin, San Diego, CA, United States
Edwards, James P., San Diego, CA, United States
West, Sarah J., San Diego, CA, United States
PA Ligand Pharmaceuticals Incorporated, San Diego, CA, United States (U.S. corporation)
PI US 5693646 19971202 <--

AI US 1995-464360 19950605 (8)
RLI Continuation-in-part of Ser. No. US 1994-363529, filed on 22 Dec 1994, now abandoned
DT Utility
FS Granted
EXNAM Primary Examiner: Ivy, C. Warren; Assistant Examiner: Huang, Evelyn
LREP Jurgensen, Thomas E., Respess, William L., Elmer, James Scott
CLMN Number of Claims: 28
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 11285
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L14 ANSWER 24 OF 27 USPATFULL
PI US 5688810 19971118 <--
SUMM . . . molecular weight native molecules, such as the hormones progesterone, estrogen and testosterone, as well as synthetic derivative compounds such as **medroxyprogesterone acetate**, diethylstilbesterol and 19-nortestosterone. These ligands, when present in the fluid surrounding a cell, pass through the outer cell membrane by. . .
SUMM . . . modulators. The PR active compounds are also useful in the treatment of dysfunctional uterine bleeding, dysmenorrhea, endometriosis, leiomyomas (uterine fibroids), **hot flashes**, mood disorders, meningiomas as well as in various hormone-dependent cancers, including, without limitation, cancers of the ovaries, breast, endometrium and. . .
SUMM . . . female hormone replacement therapy and as fertility modulators, typically in combination with a PR modulator (i.e., a progestin, such as **Premarin**.RTM.). ER modulator compounds are also useful to treat atrophic vaginitis, kraurosis vulvae, osteoporosis, hirsutism, **hot flashes**, **vasomotor** symptoms, mood disorders, neuroendocrine effects, acne, dysmenorrhea and hormonally dependent cancers, including, without limitation, breast and prostate cancer.
DETD . . . were obtained 1 week after surgery and allowed to acclimate for an additional week after shipment. Compound 163, Compound 210, **medroxyprogesterone acetate** (MPA) (Sigma, St. Louis, Mo.) a synthetic progesterone agonist, and estrone (E1) (Sigma, St. Louis, Mo.) a synthetic estrogen agonist,. . .
AB Non-steroidal compounds which are high affinity, high selectivity modulators for steroid receptors are disclosed. Also disclosed are pharmaceutical compositions incorporating such compounds, methods for employing the disclosed compounds and compositions for treating patients requiring steroid receptor agonist or antagonist therapy, intermediates useful in the preparation of the compounds and processes for the preparation of the steroid receptor modulator compounds.
AN 97:107096 USPATFULL
TI Steroid receptor modulator compounds and methods
IN Jones, Todd K., Solana Beach, CA, United States
Goldman, Mark E., San Diego, CA, United States
Pooley, Charlotte L.F., San Diego, CA, United States
Winn, David T., San Diego, CA, United States
Edwards, James P., San Diego, CA, United States
West, Sarah J., San Diego, CA, United States
Tegley, Christopher M., San Diego, CA, United States
Zhi, Lin, San Diego, CA, United States
PA Ligand Pharmaceuticals Incorporated, San Diego, CA, United States (U.S. corporation)
PI US 5688810 19971118 <--

AI US 1995-464541 19950605 (8)
RLI Continuation-in-part of Ser. No. US 1994-363529, filed on 22 Dec 1994, now abandoned
DT Utility
FS Granted
EXNAM Primary Examiner: Ivy, C. Warren; Assistant Examiner: Huang, Evelyn
LREP Jurgensen, Thomas E., Respess, William L., Elmer, James Scott
CLMN Number of Claims: 27
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 11318
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L14 ANSWER 25 OF 27 USPATFULL
PI US 5688808 19971118 <--
SUMM . . . molecular weight native molecules, such as the hormones progesterone, estrogen and testosterone, as well as synthetic derivative compounds such as **medroxyprogesterone acetate**, diethylstilbesterol and 19-nortestosterone. These ligands, when present in the fluid surrounding a cell, pass through the outer cell membrane by. . .
SUMM . . . modulators. The PR active compounds are also useful in the treatment of dysfunctional uterine bleeding, dysmenorrhea, endometriosis, leiomyomas (uterine fibroids), **hot flashes**, mood disorders, meningiomas as well as in various hormone-dependent cancers, including, without limitation, cancers of the ovaries, breast, endometrium and. . .
SUMM . . . female hormone replacement therapy and as fertility modulators, typically in combination with a PR modulator (i.e., a progestin, such as **Premarin**.RTM.). ER modulator compounds are also useful to treat atrophic vaginitis, kraurosis vulvae, osteoporosis, hirsutism, **hot flashes**, **vasomotor** symptoms, mood disorders, neuroendocrine effects, acne, dysmenorrhea and hormonally dependent cancers, including, without limitation, breast and prostate cancer.
DETD . . . were obtained 1 week after surgery and allowed to acclimate for an additional week after shipment. Compound 163, Compound 210, **medroxyprogesterone acetate** (MPA) (Sigma, St. Louis, Mo.) a synthetic progesterone agonist, and estrone (E1) (Sigma, St. Louis, Mo.) a synthetic estrogen agonist,. . .
AB Non-steroidal compounds which are high affinity, high selectivity modulators for steroid receptors are disclosed. Also disclosed are pharmaceutical compositions incorporating such compounds, methods for employing the disclosed compounds and compositions for treating patients requiring steroid receptor agonist or antagonist therapy, intermediates useful in the preparation of the compounds and processes for the preparation of the steroid receptor modulator compounds.
AN 97:107094 USPATFULL
TI Steroid receptor modulator compounds and methods
IN Jones, Todd K., Solana Beach, CA, United States
Winn, David T., San Diego, CA, United States
Zhi, Lin, San Diego, CA, United States
Hamann, Lawrence G., San Diego, CA, United States
Tegley, Christopher M., San Diego, CA, United States
Pooley, Charlotte L. F., San Diego, CA, United States
PA Ligand Pharmaceuticals Incorporated, San Diego, CA, United States (U.S. corporation)
PI US 5688808 19971118 <--
AI US 1995-463231 19950605 (8)
RLI Continuation-in-part of Ser. No. US 1994-363529, filed on 22 Dec 1994,

now abandoned
DT Utility
FS Granted
EXNAM Primary Examiner: Ivy, C. Warren; Assistant Examiner: Huang, Evelyn
LREP Jurgensen, Thomas E., Respess, William L., Elmer, James Scott
CLMN Number of Claims: 27
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 11240
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L14 ANSWER 26 OF 27 USPATFULL
PI US 5208225 19930504 <--
SUMM . . . and methods in which a formulation containing a fixed estrogen/progestin ratio is administered to female individuals with resultant relief from **hot flashes**, osteoporosis and other conditions associated with hormone deficiency.
SUMM . . . low doses of estrogen/progestin dosed in a schedule consistent with the postmenopausal state of endogenous hormone production offers protection against **hot flashes**, osteoporosis, endometrial hyperplasia, cyclic bleeding, and potentially replicates the cardioprotective state of the premenopausal female.
SUMM . . . any suitable synthetic estrogen or functional equivalent thereof. While ethinyl estradiol is the preferred estrogenic substance, other useful substances include **conjugated estrogens**, estrone sulfate, beta estradiol, quinestrol, and the like. Mixtures are operable.
SUMM The progestogenic ingredient is generally a synthetic progestogen; however, natural progestins may be used. Useful progestogenic substances include medroxyprogesterone, **medroxyprogesterone acetate**, norgestrel, desogestrel, and the like. Norethindrone acetate is preferred. Mixtures are operable.
SUMM The compositions of the invention are useful for treating osteoporosis, **hot flashes**, withdrawal bleeding, and other disorders and symptoms generally associated with hormone deficiency, many of which are experienced during menopause.
SUMM . . . and 1.0 mg, 10 mcg and 0.5 mg, 5 mcg and 1.0 mg, and 5 mcg and 0.5 mg) or **conjugated estrogens** 0.625 mg on Days 1 to 25 and **medroxyprogesterone acetate** 10 mg on Days 16 to 25. An additional 10 women meeting the same criteria served as a comparison group. . .
SUMM . . . Treatment*

A: Calcium only	10	No hormone replacement
B: Sequential	12	Conventional combination therapy: Conjugated equine estrogens 0.625 mg Days 1-25 and **medroxyprogesterone acetate** 10 mg Days 16-25
C: 20/1 Continuous	12	Daily ethinyl estradiol 20 mcg and norethindrone acetate 1.0 mg
D: 10:1 Continuous	14. . .	

SUMM . . . continuous administration of ethinyl estradiol and norethindrone acetate. For example, continuous administration of a combination of conjugated equine estrogen and

medroxyprogesterone acetate is described ~~in Obstet.~~ Gynecol 1988;71:39. Continuous administration of 17.beta.-estradiol and norethindrone acetate is described in Brit J Obstet and. . .

AB Continuous administration of compositions containing a fixed quantity of synthetic estrogen in combination with a synthetic progestogenic agent are useful to relieve menopausal symptoms, to prevent osteoporosis and for other hormone-replacement treatments. Also described is an improved manufacturing process for such compositions especially for low tablet dosage forms.

AN 93:35675 USPATFULL

TI Compositions containing fixed combinations

IN Boissonneault, Roger M., Long Valley, NJ, United States
Miller, Jr., Henry A., Lake Hopatcong, NJ, United States

PA Warner-Lambert Company, Morris Plains, NJ, United States (U.S. corporation)

PI US 5208225 19930504 <--

AI US 1991-781568 19911022 (7)

RLI Continuation-in-part of Ser. No. US 1991-647189, filed on 24 Jan 1991, now abandoned which is a continuation of Ser. No. US 1989-366796, filed on 15 Jun 1989, now abandoned which is a continuation-in-part of Ser. No. US 1988-168106, filed on 14 Mar 1988, now abandoned which is a continuation-in-part of Ser. No. US 1987-73367, filed on 6 Jul 1987, now abandoned which is a continuation of Ser. No. US 1986-834263, filed on 26 Feb 1986, now abandoned

DT Utility

FS Granted

EXNAM Primary Examiner: Waddell, Frederick E.; Assistant Examiner: Criares, T. J.

LREP Daignault, Ronald A.

CLMN Number of Claims: 6

ECL Exemplary Claim: 1

DRWN No Drawings

LN.CNT 720

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L14 ANSWER 27 OF 27 USPATFULL

PI US 4736849 19880412 <--

SUMM . . . in the face, neck or chest; or sudden intense episodes of heat and sweating throughout the body (typically known as **"hot flashes"**) with the severity of these symptoms varying from woman to woman. Some women also may develop atrophic vaginitis which can. . .

DETD . . . in the face, neck, chest, and sudden intense episodes of heat and sweating throughout the body, commonly referred to as **"hot flashes"** or "hot flushes". These symptoms can be alleviated to a great extent by the administration of estrogen and progesterone. It. . .

DETD . . . Calcium***

1-15	0.625 mg/day	--	--
16-25	0.625 mg/day	10 mg/day	--
26-end of month	--	--	500 mg/day

*Estrogen in the form of **conjugated estrogen.**
Progesterone in the form of **medroxyprogesterone acetate.
***Calcium in the form of calcium carbonate.

AB A method and apparatus to store and aid in the dispensing of calendar-oriented drugs is disclosed in which the apparatus comprises a carrier containing a plurality of pill-containing enclosures, the enclosures arranged in rows. Numerical and/or alphanumerical indicia are associated with the enclosures so that each enclosure is associated with

only one day in a calendar month. One or more additional enclosures in different rows may also be associated with the same calendar date. Corresponding indicia on the reverse side of the carrier aid in the determination of which enclosure(s) to open. In this way the user can easily determine and verify that the proper enclosure(s) has been opened. The package also provides a visual indication of calendar days for which pills have not been used by the patient and in this way provides patient compliance information to the physician prescribing such drugs. The dispensing apparatus is particularly suited to the administration of calendar-oriented prescription drugs for the treatment
of menopausal symptoms.

AN 88:22168 USPATFULL
TI Calendar-oriented pill dispenser
IN Leonard, Walter G., 1017 Main St., Melrose, MA, United States 02176
Doble, Jr., Henry P., Sunnyview Dr., Redding, CT, United States 06875
Nuckols, Walter S., 119 Putnam Park Rd., Bethel, CT, United States 06801
PI US 4736849 19880412 <--
AI US 1985-764945 19850812 (6)
DCD 20020813
RLI Continuation-in-part of Ser. No. US 1983-563148, filed on 19 Dec 1983, now patented, Pat. No. US 4534468
DT Utility
FS Granted
EXNAM Primary Examiner: Moy, Joseph Man-Fu
LREP Mattern, Ware, Stoltz & Fressola
CLMN Number of Claims: 58
ECL Exemplary Claim: 1
DRWN 6 Drawing Figure(s); 2 Drawing Page(s)
LN.CNT 854

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 NEWS  4  Feb 16   TOXLINE no longer being updated
 NEWS  5  Apr 23   Search Derwent WPINDEX by chemical structure
 NEWS  6  Apr 23   PRE-1967 REFERENCES NOW SEARCHABLE IN CAPLUS AND CA
 NEWS  7  May 07   DGENE Reload
 NEWS  8  Jun 20   Published patent applications (A1) are now in USPATFULL
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                   DWPI and DPCI
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               AND CURRENT DISCOVER FILE IS DATED 07 AUGUST 2001
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=> s cenestin

L1 15 CENESTIN

=> s medroxyprogestrone acteate or 71-58-9/rn

'RN' IS NOT A VALID FIELD CODE
'RN' IS NOT A VALID FIELD CODE
'RN' IS NOT A VALID FIELD CODE
L2 2221 MEDROXYPROGESTRONE ACTEATE OR 71-58-9/RN

=> s l1 and l2

L3 0 L1 AND L2

=> s l1 and hot flashes

L4 2 L1 AND HOT FLASHES

=> d l4

L4 ANSWER 1 OF 2 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
AN 2000421621 EMBASE
TI A 12-week clinical trial determining the efficacy of synthetic conjugated estrogens, A (SCE), in the treatment of vasomotor symptoms in menopausal women.
AU Stevens R.E.; Hanford K.; Wason S.; Cusack S.L.; Phelps K.V.
CS R.E. Stevens, Dept. of Clinic. and Medical Affairs, Duramed Pharmaceuticals, Inc., 5040 Lester Road, Cincinnati, OH 45213, United States
SO International Journal of Fertility and Women's Medicine, (2000) 45/4 (264-272).
Refs: 24
ISSN: 1069-3130 CODEN: IJWMFW
CY United States
DT Journal; Article
FS 010 Obstetrics and Gynecology
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English

=> d 2

L4 ANSWER 2 OF 2 CAPLUS COPYRIGHT 2001 ACS
AN 2000:704108 CAPLUS
DN 134:231968
TI A 12-week clinical trial determining the efficacy of synthetic conjugated estrogens, A (SCE), in the treatment of vasomotor symptoms in menopausal women
AU Stevens, Ruth E.; Hanford, Kathryn; Wason, Suman; Cusack, Susan L.;

Phelps, Kenneth V.
CS Duramed Pharmaceuticals, Inc., Cincinnati, OH, USA
SO Int. J. Fertil. Women's Med. (2000), 45(4), 264-272
CODEN: IJWMFW
PB Medical Science Publishing International
DT Journal
LA English
RE.CNT 24
RE
(6) Greendale, G; Obstet Gynecol 1998, V92(6), P982 CAPLUS
(7) Haas, S; Obstet Gynecol 1988, V71(5), P671 CAPLUS
(8) Hammond, C; Obstet Gynecol 1996, V87(2), P2S CAPLUS
(12) Roddick, J; Clin Obstet Gynecol 1977, V20(4), P903 CAPLUS
(14) Santoro, N; J Clin Endocrinol Metab 1999, V84(6), P1798 CAPLUS
ALL CITATIONS AVAILABLE IN THE RE FORMAT

=> d kwic

L4 ANSWER 1 OF 2 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
AB . . . the mean percentage reduction in moderate to severe vasomotor symptoms was 81%, from an average baseline of 96.8, to 16.5 **hot flashes** per week for the active treatment group. The overall incidence of expected estrogen-related adverse effects was modest. Laboratory tests and. . .
CT Medical Descriptors:
*menopause
*vasomotor . . .
estrogen: AE, adverse drug reaction
*conjugated estrogen: CT, clinical trial
*conjugated estrogen: DO, drug dose
*conjugated estrogen: PD, pharmacology
*conjugated estrogen: PO, oral drug administration
***cenestin: AE, adverse drug reaction**
***cenestin: CT, clinical trial**
***cenestin: DO, drug dose**
***cenestin: PD, pharmacology**
***cenestin: PO, oral drug administration**
placebo
unclassified drug
CN **(1) Cenestin**

=> d ab

L4 ANSWER 1 OF 2 EMBASE COPYRIGHT 2001 ELSEVIER SCI. B.V.
AB Objective - To compare the clinical effects of a new oral synthetic conjugated estrogens, A (SCE), versus placebo in a clinically relevant population on the reduction in the mean number of moderate to severe vasomotor symptoms. Design - A total of 120 healthy pre- and postmenopausal women (72 active, 48 placebo) were enrolled into a randomized, placebo-controlled, double-blind, multi-center clinical trial.
Women of all races were enrolled, using minimal inclusion and exclusion criteria. Each subject received either orally administered SCE, in doses of 0.3 mg, 0.625 mg or 1.25 mg per day, or placebo. Analysis of variance was performed on the primary efficacy variable (change from baseline to weeks 4, 8, and 12 in the mean number of moderate to severe vasomotor symptoms). Results - Changes in moderate to severe vasomotor symptoms in the intent to treat population showed statistically significant differences between the active and placebo treatments at week 4 ($P < .0221$, week 8 ($P < .010$), and week 12 ($P < .010$). By week 12, the mean percentage reduction in moderate to severe vasomotor symptoms was 81%, from an average baseline of 96.8, to 16.5 **hot flashes**

per week for the active treatment group. The overall incidence of expected estrogen-related adverse effects was modest. Laboratory tests and vital sign measurements did not reveal clinically significant changes or abnormalities from screening to the final visit in either treatment group.

Conclusions - The results of this study confirm the efficacy and safety of SCE in the treatment of moderate to severe vasomotor symptoms in menopausal women. In addition, the study also demonstrated that the use of more liberal entry criteria did not materially affect the efficacy outcome.

L4 ANSWER 2 OF 2 CAPLUS COPYRIGHT 2001 ACS

AB . . . the mean percentage redn. in moderate to severe vasomotor symptoms was 81%, from an av. baseline of 96.8, to 16.5 **hot flashes** per wk for the active treatment group. The overall incidence of expected estrogen-related adverse effects was modest. Lab. tests and. . .

ST **Cenestin** synthetic conjugated estrogen menopause vasomotor symptom

IT Estrogens
RL: BAC (Biological activity or effector, except adverse); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(conjugated, **Cenestin**; detg. efficacy of synthetic conjugated estrogens in treatment of vasomotor symptoms in menopausal women)

AB To compare the clin. effects of a new oral synthetic conjugated estrogens, A (SCE), vs. placebo in a clin. relevant population on the redn. in the mean no. of moderate to severe vasomotor symptoms. A total of 120 healthy pre- and postmenopausal women (72 active, 48 placebo) were enrolled into a randomized, placebo-controlled, double-blind, multi-center clin. trial. Women of all races were enrolled, using minimal inclusion and exclusion criteria. Each subject received either orally administered SCE, in doses of 0.3 mg, 0.625 mg or 1.25 mg per day, or placebo. Anal. of variance was performed on the primary efficacy variable (change from baseline to weeks 4, 8, and 12 in the mean no. of moderate to severe vasomotor symptoms). Changes in moderate to severe vasomotor symptoms in the intent to treat population showed statistically significant differences between the active and placebo treatments at week 4 ($P < .022$), week 8 ($P < .010$), and week 12 ($P < .010$). By week 12, the mean percentage redn. in moderate to severe vasomotor symptoms was 81%, from an av. baseline of 96.8, to 16.5 **hot flashes** per wk for the active treatment group. The overall incidence of expected estrogen-related adverse effects was modest. Lab. tests and vital sign measurements did not reveal clin. significant changes or abnormalities from screening to the final visit in either treatment group. The results of this study confirm the efficacy and safety of SCE in the treatment of moderate to severe vasomotor symptoms in menopausal women. In addn., the study also demonstrated that the use of more liberal entry criteria did not materially affect the efficacy outcome.

L7 ANSWER 5 OF 5 USPATFULL
AN 2000:174133 USPATFULL
TI Methods for treating **hot flashes** and improving the quality of life of castrated prostatic cancer patients
IN Bell, Robert G., Palm Harbor, FL, United States
PA Barr Laboratories, Inc., Pomona, NY, United States (U.S. corporation)
PI US 6165504 20001226
AI US 1998-159032 19980923 (9)
DT Utility
FS Granted
LN.CNT 1287
INCL INCLM: 424/464.000
INCLS: 424/451.000; 514/178.000
NCL NCLM: 424/464.000
NCLS: 424/451.000; 514/178.000
IC [7]
ICM: A61K009-20
ICS: A61K009-48; A61K031-56
EXF 424/451; 424/464; 424/489; 514/178
CAS INDEXING IS AVAILABLE FOR THIS PATENT.